Needs Assessment Process

The Maternal and Child Health Program, Bureau of Public Health, Division of Primary Health Care, under funding requirements from HRSA, Maternal and Child Health Bureau, requires that a Needs Assessment is performed every five (5) years. Findings in this needs assessment will guide managers and program coordinators in implementation of the Maternal and Child Health Program. In complying with this requirement, a Needs Assessment was conducted in fiscal year 2005.

the Interagency Project for children with special needs and the Maternal and Child Health Program began a series of meetings within the Bureau of Public Health to decide on the best way to gather necessary data that will assist us in the completion of the needs assessment. In the first meeting, a committee made up of public health staff was developed to conduct the needs assessment. From this main committee, 5 sub-committees were created to look at the MCH population by age groups. These age groups are as follows: pregnant women, infants and children, adolescent health, men and women of reproductive age groups and children with special health care needs. In these meetings, several tools were introduced. These tools were used in the past to compile statistics that best represent the status of health of mothers, children and children with special needs in the Republic of Palau. In these meetings, it was decided that it is important to begin looking at maternal and children's health issues as integral part of family health issues, instead of looking at issues independent from the family. Because of this decision, the Needs Assessment Tool was developed to at look at these issues. The processes undertaken to accomplish the task were two pronged: (1) quantitative data and (2) qualitative data assessments.

These are information available at different sites within the Ministry of Health including information that are available outside of Health such as those that are not available within the formal Census documents that are published by the Office of Planning and Statistics. The Ministry of Health's Vital Statistics and Epidemiology Departments played a vital in collecting and analyzing information that are integral part of birth and death records, hospital utilization information. Other information at programmatic level and were utilized in this assessment includes, prenatal, postnatal and well child clinic utilization data. Others such as immunization records and family planning utilization were collected and analyzed by various staff including the MCH Coordinator, Public Health Administrator and others. Patients charts were also reviewed and audited

for certain characteristics that are not generally captured through the computerized patient information databases. Information from the PRAMS-like and SLAITS-like surveys and the YRBS, School Enrollment, Hospital Discharge Information, Birth and Death Certificates for children were also used in this assessment process. Other data sources outside of the Ministry of Health that were used were Census data, arrest data, are court conviction information.

Tools were developed to assess client satisfaction, and capture opinions that are not generally available in the patient master file. The survey instruments were developed by the Interagency Project Coordinator with input from key staff of MCH Program and Primary Health Care Division and the Interagency Team for Children with Special Health Care Needs. They went through a reviewed/approval process by the Director, Bureau of Public Health, MCH Coordinator, Public Health Administrator and the Chief and Administrator for Primary Health Care Division. We were fortunate as fiscal year 2005 Youth Behavioral Risk Survey results just became available for public, and therefore, results of this survey were also incorporated in this Needs Assessment. Another small group made up of core MCH staff and the Interagency Coordinator audited client charts to compile information that were only available in patient's charts at this time. The Epidemiology Department and the PH Information System Management were two of the core members of this Needs Assessment. These two units provided information that represent quantitative information of the health of the MCH population.

The information were compiled and presented by the Needs Assessment Team and were presented in the 3-day conference as mentioned earlier. The conference was attended by more than 70 individuals from the community who non-health people. An activity was developed during the conference where participants were grouped into 5 groups and each group looked into the health issues of the difference age groups. The groups were directed to pick the 3 most leading health issue of each age group and to develop strategies and activities that the Family Health Unit/MCH Program will direct its resource and implement in the next five years (2006 to 2010) to address the health issues for the age group. From this exercise 15 strategies were identified by the five groups. These 15 strategies were then grouped by the Needs Assessment Team and came up with the 6 identified in the State Performance and Outcome Measures.

Although this process does not necessarily follow Title V Guidelines, we felt that it was more meaningful to us. For example, one important theme that came up across all groups was "strengthening community-based health education" another one was to "establish a community health worker program". When the Needs Assessment team organized/grouped these themes, it was felt that establishing a community health worker program can be the strategy we will use to strengthen our community-based health education program, as this community worker will be a

trained non-health person who lives in the community, understands his/her community issues, barriers, and opportunities and therefore will be in a better position to help the Family Health Unit/MCH Program help people at the community level. The Needs Assessment Team also included the first two measures, the hearing screening and genetic screening of infants. This inclusion was important so that funds can be set aside to assure that these two screenings can be implemented in fiscal year 2006.

Physical Education Workshop

Child and Adolescent Ages 6-19 Years

Merlyn Basilius

Sherilynn Madraisau

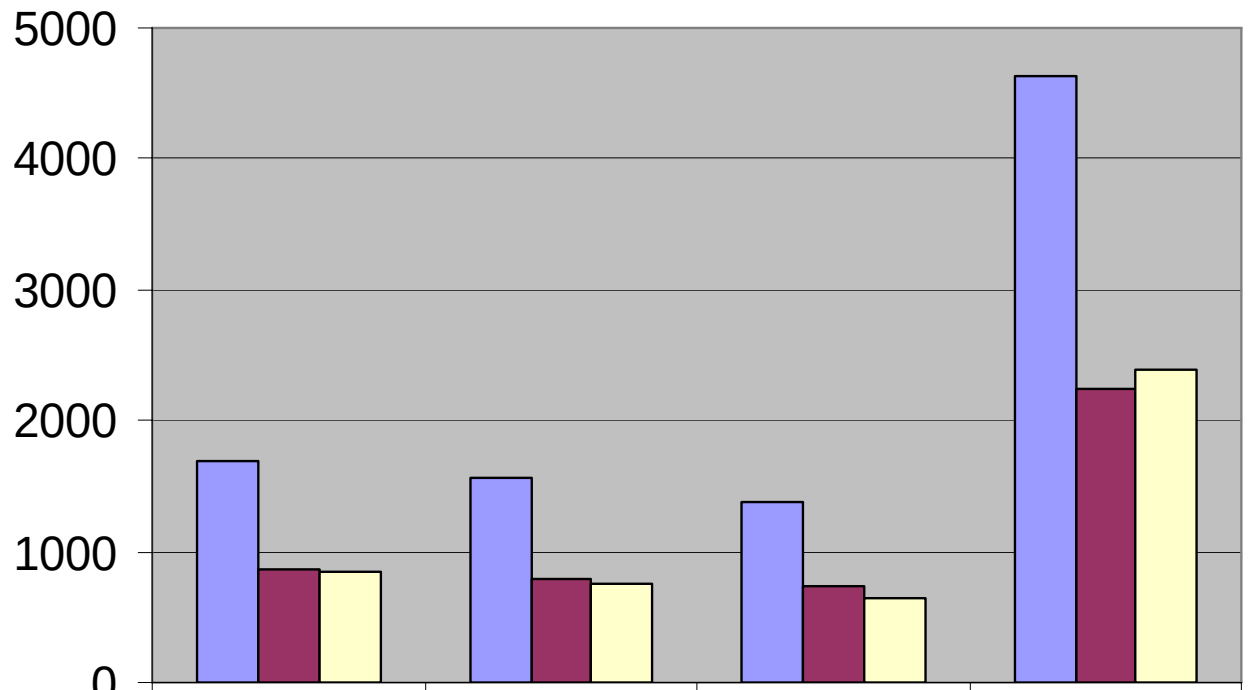
June 23, 2005

Population Distribution By Age and Gender

Age Groups	Total Pop	Female	Male
5-9	1700	844	856
10-14	1555	761	794
15-19	1382	644	738
Total Pop	4637	2249	2388

2000 Census of Population and Housing, Office of Planning and Statistics,ROP

Population Distribution By Age & Gender



	Age 5-9	Age 10-14	Age 15-19	Total Pop
Total	1700	1558	1382	4637
Male	856	794	738	2249
Female	844	761	644	2388

2002-2004 Admission for ages 6-14

2002	2003	2004
Viral Syndrome	Dehydration	AGE
Pneumonia	AGE	Dehydration
Dehydration	Pneumonia	Lepto
Fever	Viral Syndrome	Pneumonia
OM	Vomiting	Viral Syndrome

Source: Surgical Discharge Log Book

2002-Present Top 3 Behavioral DX (6-19yrs)

- **Attention Deficit/Hyperactivity Disorder**
- **Parent-Child Relational Problem**
- **Learning Disorder**

Leading Cause of Death 1999-2003

Age 6-14 Years

- Injury
- Congenital Anomalies
- Respiratory Illness
- Meningitis

Age 16-19 Years

- Injuries
- Pneumonia
- Heart Disease

Injuries account for the greatest number of deaths among children and adolescents. Injuries include MVA, suicide, and homicide. Alcohol plays a significant role in MVA Mortality among children and adolescents.

2003 – 2004
Motor Vehicle Crashes (MVA)
BNH ER Visits Statistics

BNH Emergency Room Visits	2003	2004
Total Number of MVA Injuries	**82**	**101**
Total Alcohol Related	**41**	**49**
% Alcohol Related	**50%**	**48.5%**
Total Injuries - Male	**63**	**63**
% Injuries - Male	**77.8%**	**62.4%**
Total Alcohol Related Injuries - Male	**36**	**34**
% Alcohol Related Injuries - Male	**87.8%**	**69.4%**

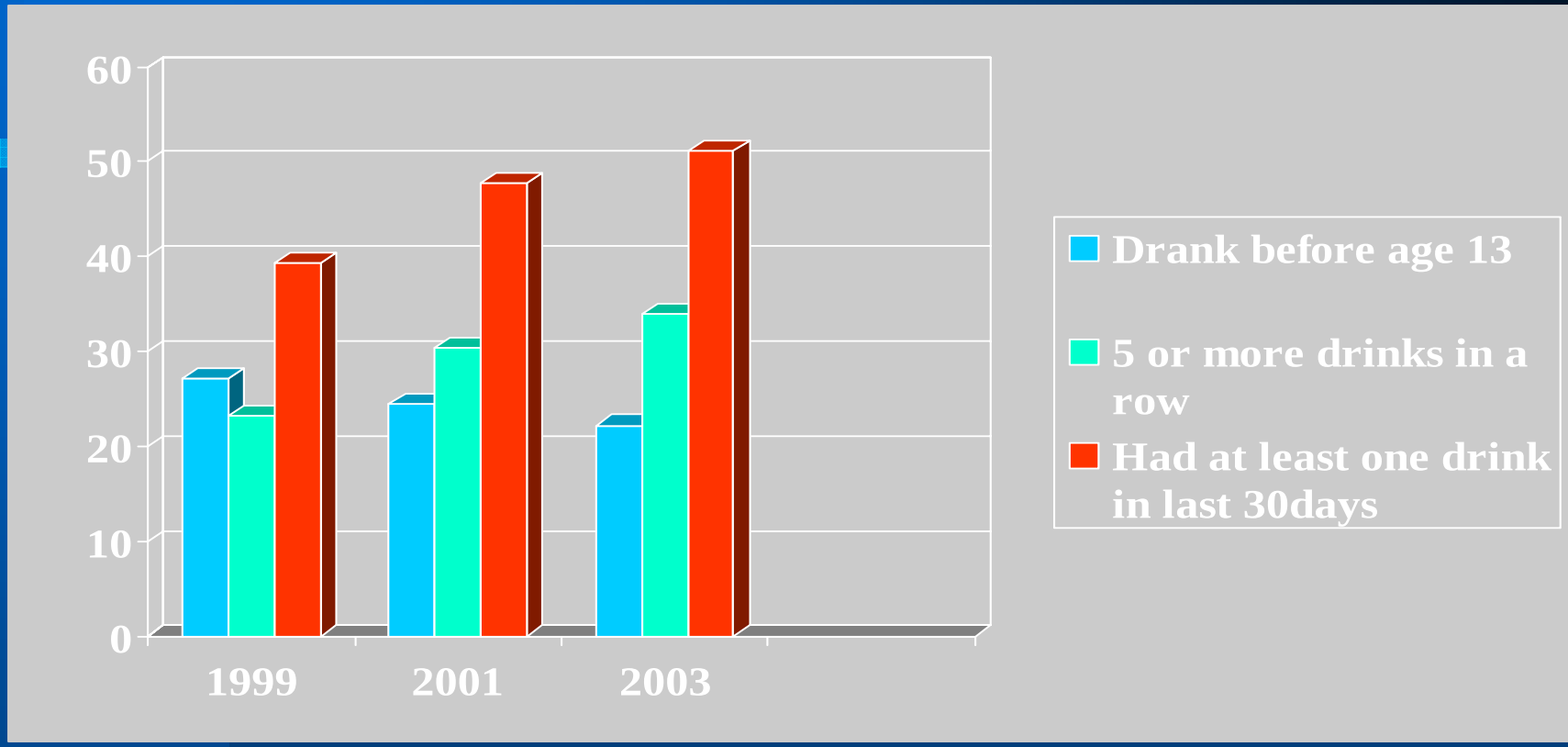
23 of the 49 alcohol related 2004 MVA involved children between ages 6-19. Of the 23, 13 were females and ten were males were females and ten were males.

Data from the ER logbook, collected by NCD program, charted by MOH Epidemiology, 2005

Injury and Violence

	1999	2001	2003
Percentage of students who, during the past 30 days,drove a car when they had been drinking.	43.0	52.4	53.2
Percentage of students who were in physical fights one or more times within the last 12 months.	31.3	29.7	29.6
Percentage of students who were in a physical fight during the past 12 months and had to be treated by a doctor or nurse.	6.8	7.2	5.6
Percentage of students who were in physical fights on school property within the last 12 months.	14.0	15.1	13.1

Alcohol Use Among Youth

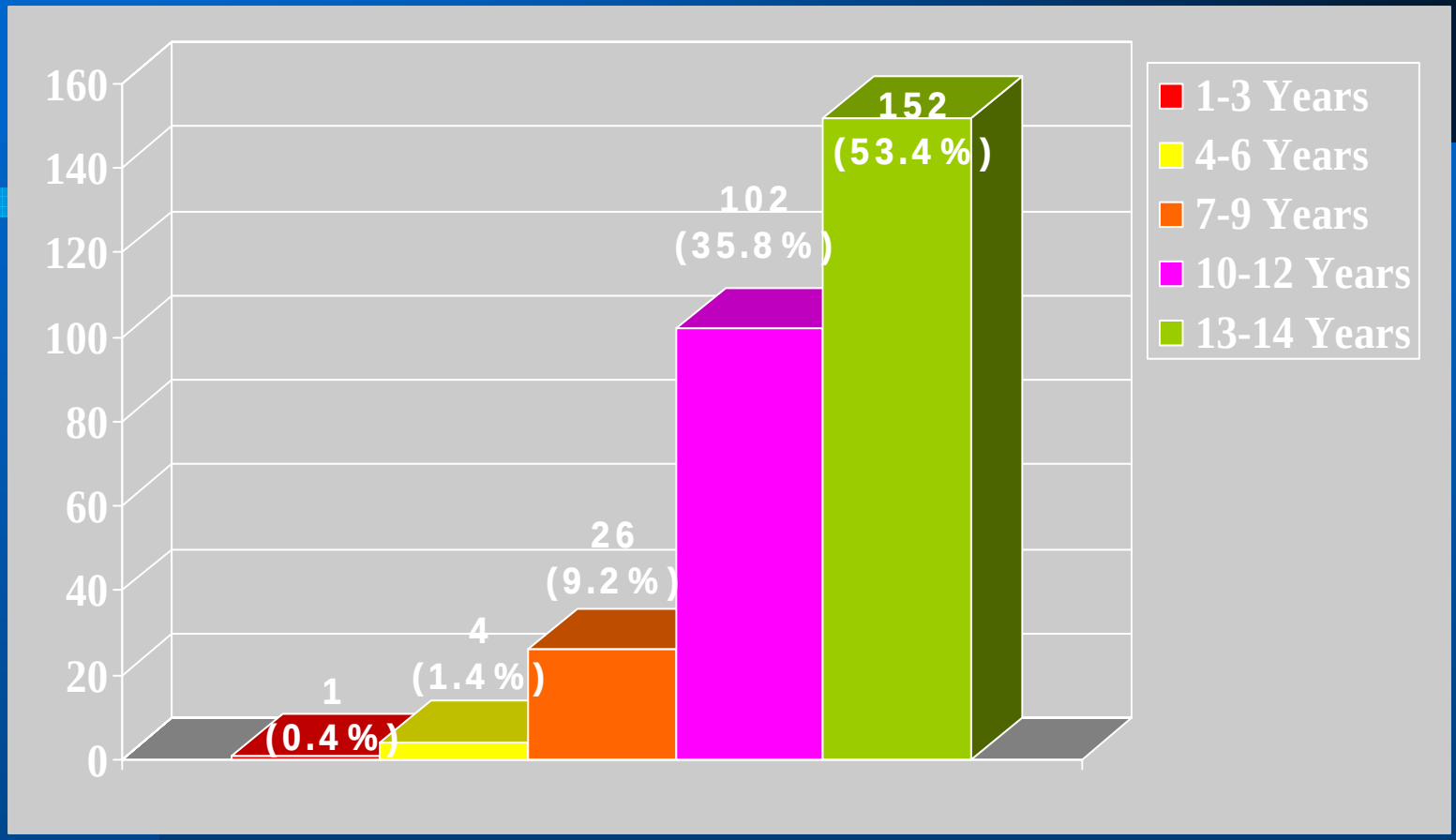


YRBS data indicates that children are drinking before the age of 13. Data also suggest that that level of alcohol consumption have slightly increased.

Alcohol and Drug Use

	1999	2001	2003
Percentage of students who had at least one drink of alcohol on school property one or more of the past 30days	7.3	8.3	10.6
Percentage of students who used marijuana for the first time before age 13.	16.4	16.9	16.6
Percentage of students who used marijuana on school property one or more times during the past 30 days	16.5	9.9	15.5
Percentage of students who used methamphetamine “ICE” one or more times within their life.	10.1	13.9	8.9
Percentage of students who were offered, sold, given illegal drug on school property during the last 12 months.	35.7	26.7	30.4

Tobacco Use

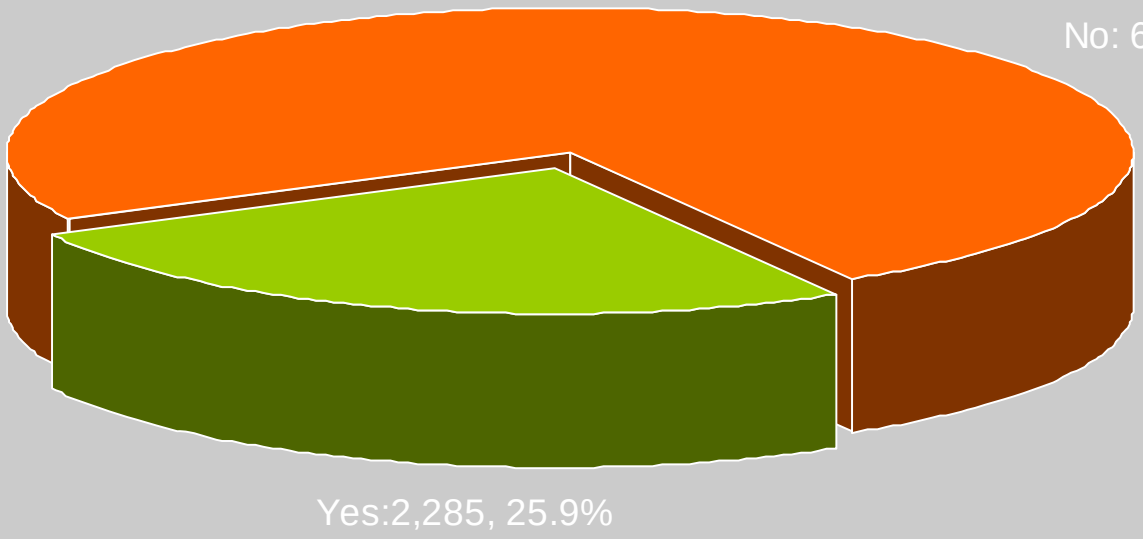


Community Assessment data indicates that children are using tobacco at a very young age. Data also indicates that more than 50% of children ages between 13-14 are using tobacco.

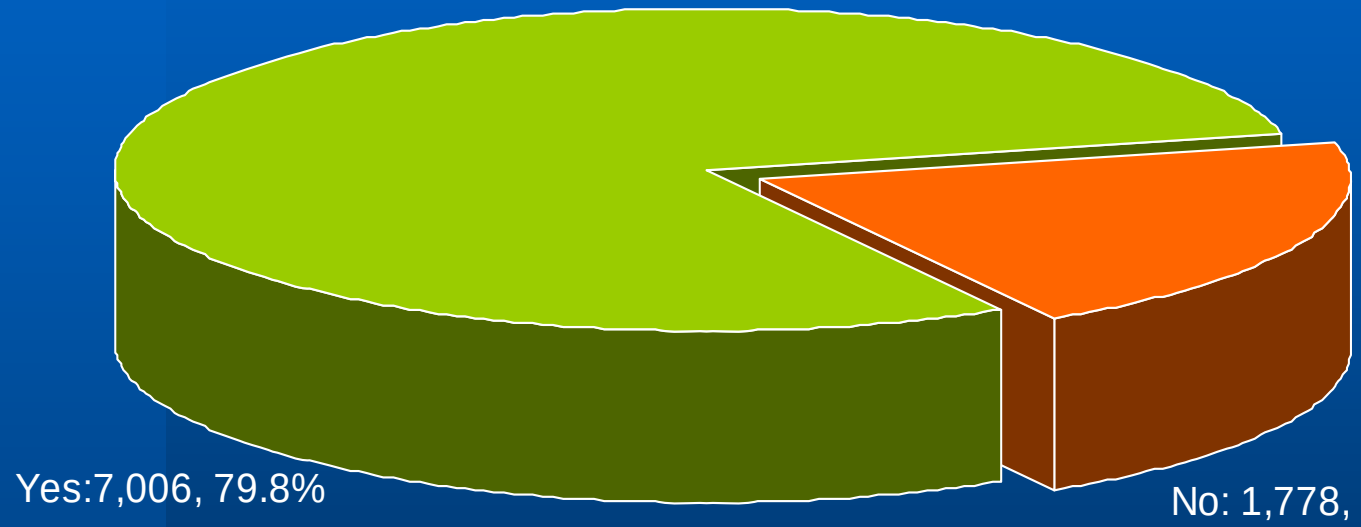
Source: 2003 Community Assessment

Physical Activity	1999	2001	2003
Percentage of students who exercised or participated in physical activities for at least 20 minutes that made them sweat, breath hard on three or more of the past seven days.	57.0	56.3	58.7
Percentage of students who did exercise to strengthen or tone their muscles on 3 or more of the past 7 days.	36.9	36.8	34.7
Percentage of students who attended PE class daily.	34.3	25.8	35.7
Percentage of students who did not participate in at least 20 minutes of vigorous physical activity or 30 minutes of moderate physical activity within the past 7 days.	39.8	40.2	38.2
Percentage of students who participated in no vigorous or moderate physical activity during past 7 days.	14.3	14.3	14.0

In your *leisure time*, do you do any *vigorous activities* like running, strenuous sports, or weight lifting, etc?

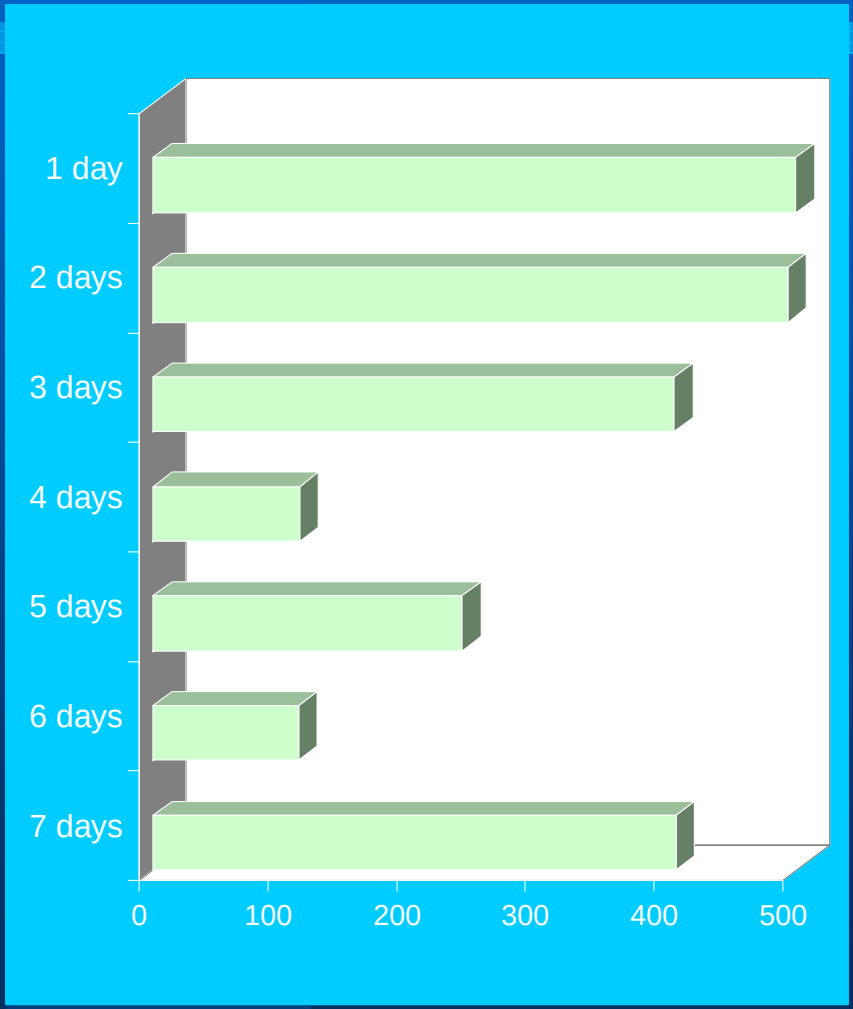


Does your *leisure time* involve *mostly sitting*, resting, or standing with no physical activity lasting more than 10 minutes at a time?



Weight Management	1999	2001	2003
Percentage of students who are at risk of becoming overweight	13.8	14.6	14.9
Percentage of students who are overweight	8.8	15.5	15.5
Percentage of students who describe themselves as slightly or very overweight.	20.5	20.5	21.5
Percentage of students who were trying to loose weight.	33.6	37.0	35.8
Percentage of students who exercised to loose weight or to keep from gaining weight during the past 30 days.	49.8	50.1	52.4

In a typical week, on how many days do you do vigorous activities as part of your leisure time?

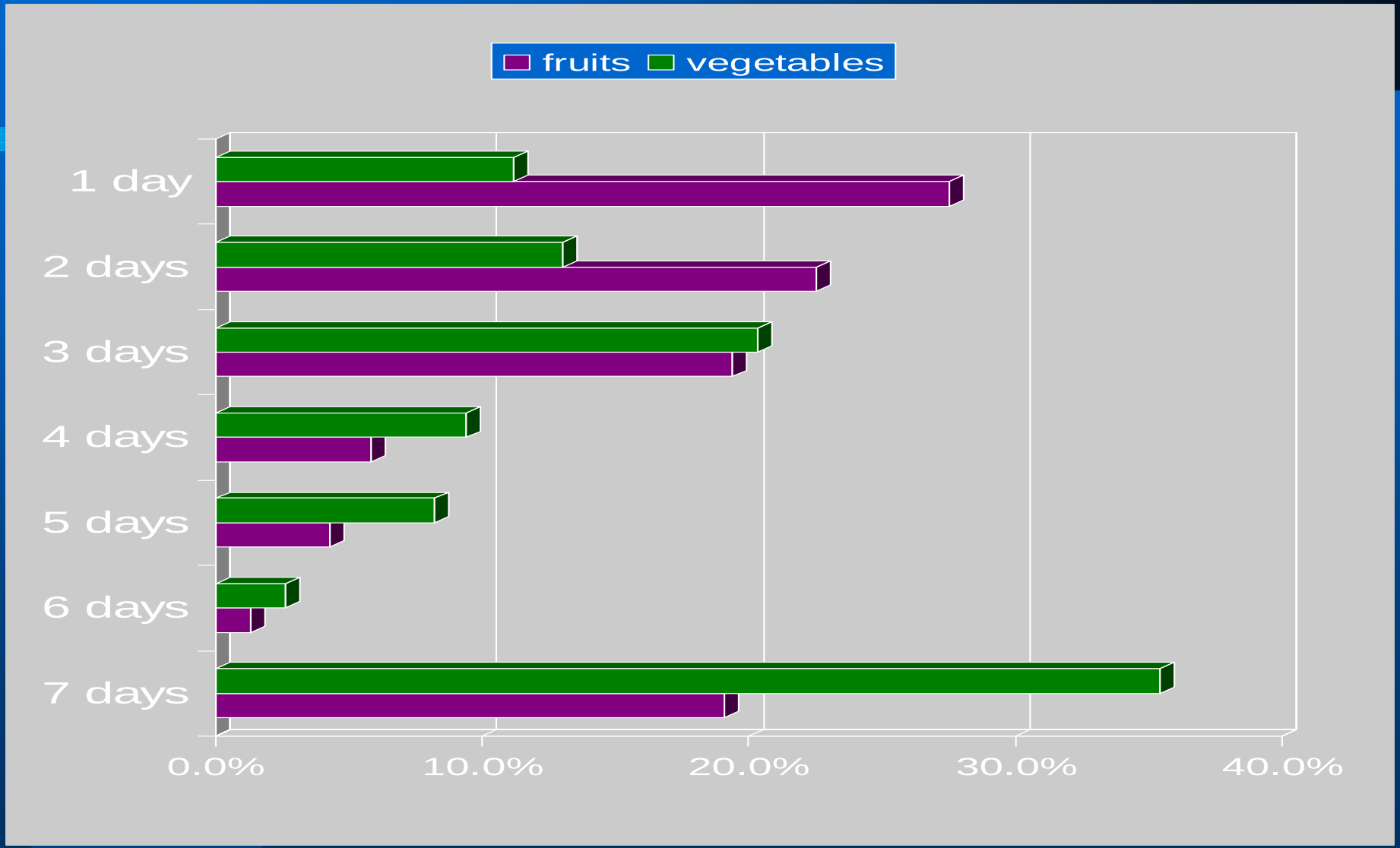


Only 33.5% of respondents who include vigorous activities in their leisure time do them 5 or more days per week.

# days vigorous leisure activities	Frequency		Cumulative	
	Total	%	Total	%
Total	2270	100	-	-
1 day	499	22.0	499	22.0
2 days	493	21.7	992	43.7
3 days	405	17.8	1397	61.5
4 days	114	5.0	1511	66.6
5 days	240	10.6	1751	77.1
6 days	113	5.0	1864	82.1
7 days	406	17.9	2270	100

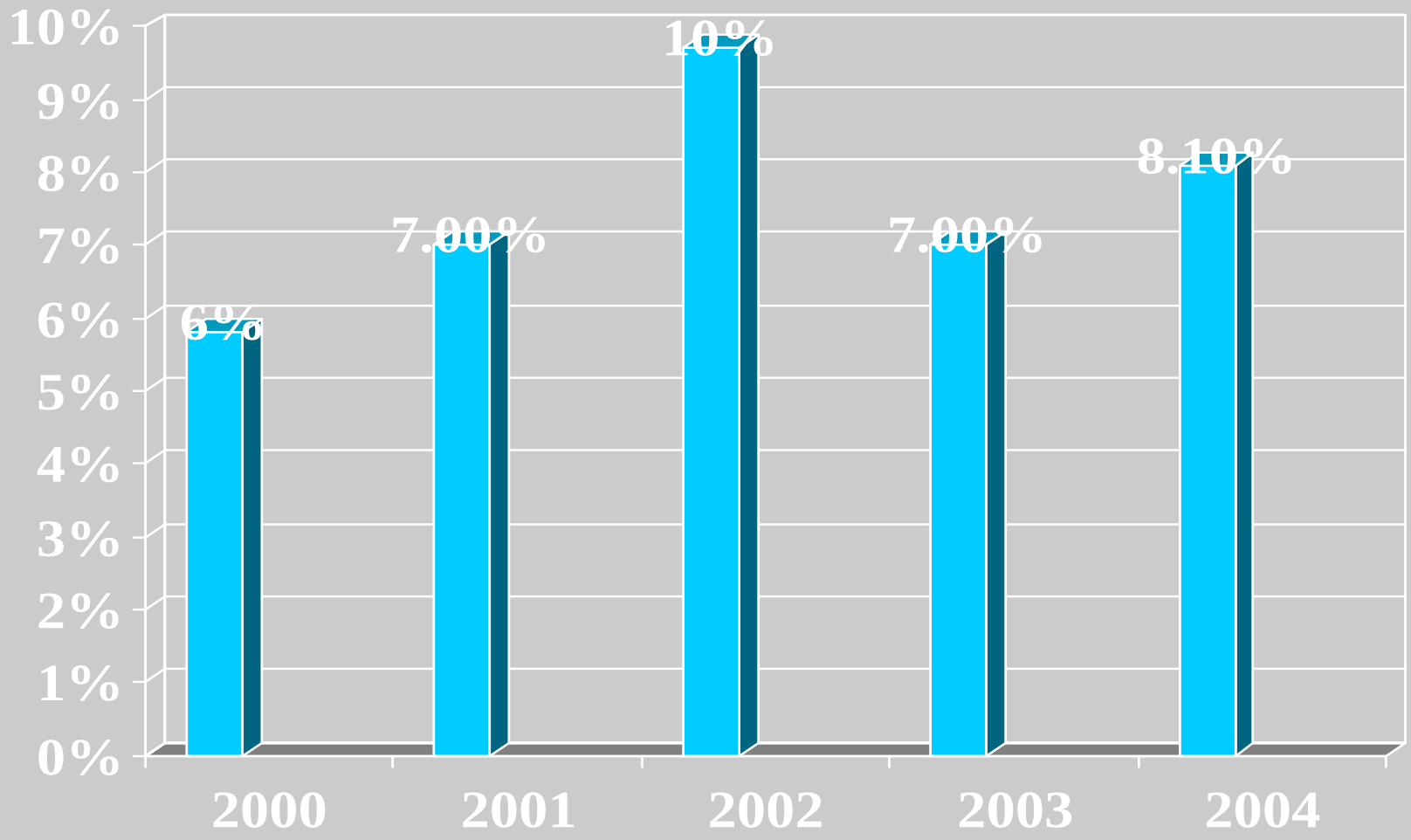
Dietary Behaviors	1999	2001	2003
Percentage of students who ate less food,fewer calories,or foods low in fat to loose weight or keep from gaining weight during the past 30 days.	45.2	44.5	42.4
Percentage of students who drank 100% juices one or more times during the past 7 days.	61.5	66.0	65.9
Percentage of students who ate fruit one or more times during the past 7 days.	86.9	87.5	83.7
Percentage of students who ate green salad one or more times during the past 7 days.	66.1	64.7	56.9
Percentage of students who ate other vegetables one or more times during the past 7 days.	89.6	84.9	83.6

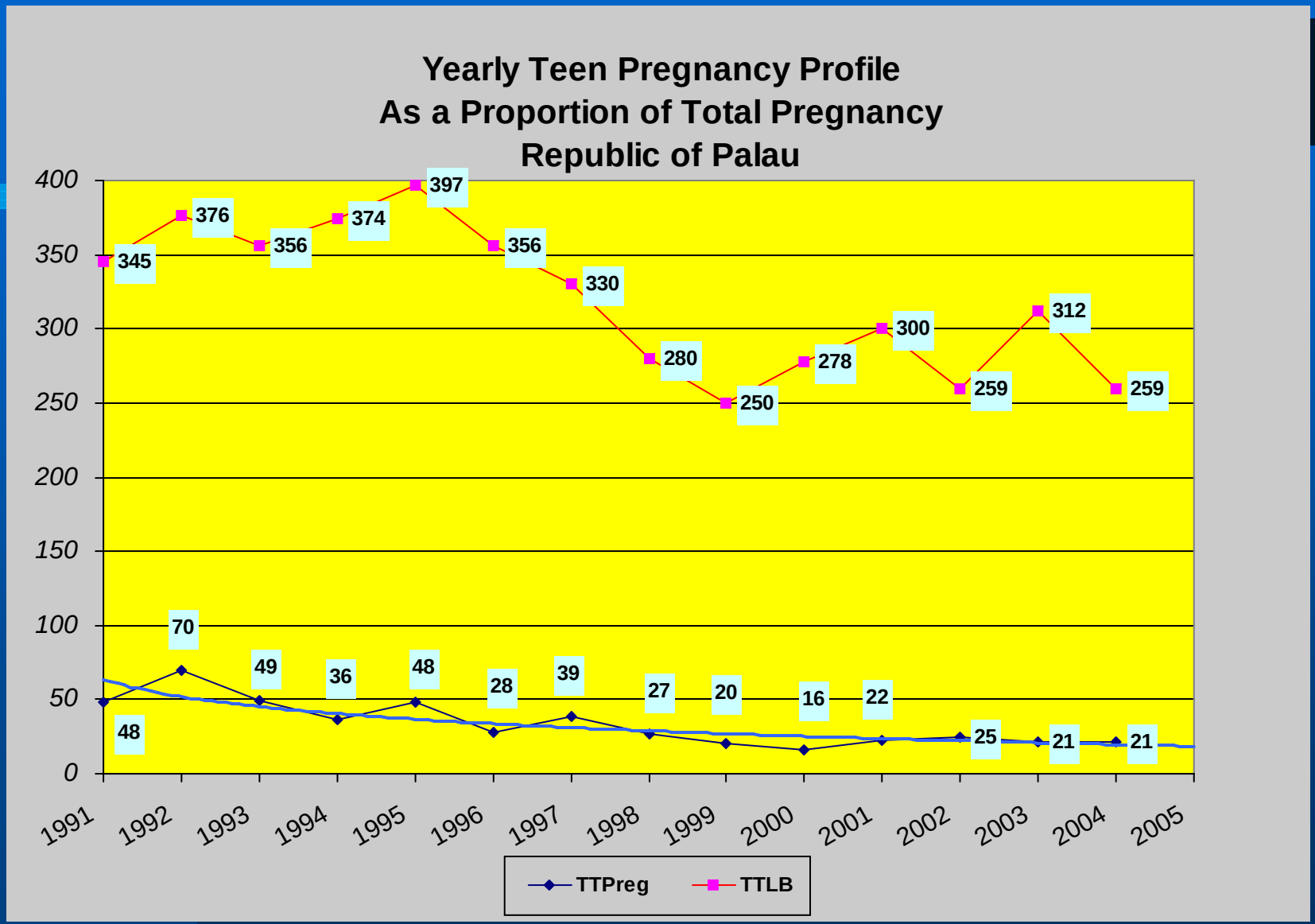
In a typical week, how many days do you eat fruit?
In a typical week, how many days to you eat vegetables



Sexual Behaviors	1999	2001	2003
Percentage of students who ever had sexual intercourse.	45.4	47.6	41.6
Percentage of students who had sexual intercourse for the first time before age 13.	909	11.8	7.7
Percentage of students who had sexual intercourse with one or more people during the past three months.	31.4	30.9	28.5
Of the students who had sexual intercourse during the past 3 months, the percentage who drank alcohol or used drugs before last sexual intercourse.	30.2	28.7	35.5
Percentage of students who had been pregnant or gotten someone pregnant one or more times.	5.3	5.0	2.7

Teen Pregnancy- 19 and Under




Yearly Teen Pregnancy Profile
As a Proportion of Total Pregnancy
Republic of Palau
400
350
300
250
200
150
100
50
0
345
376
356
374
397
356
330
280
250
278
300
259
312
259
48
70
49
36
48
28
39
27
20
16
22
25
21
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1991
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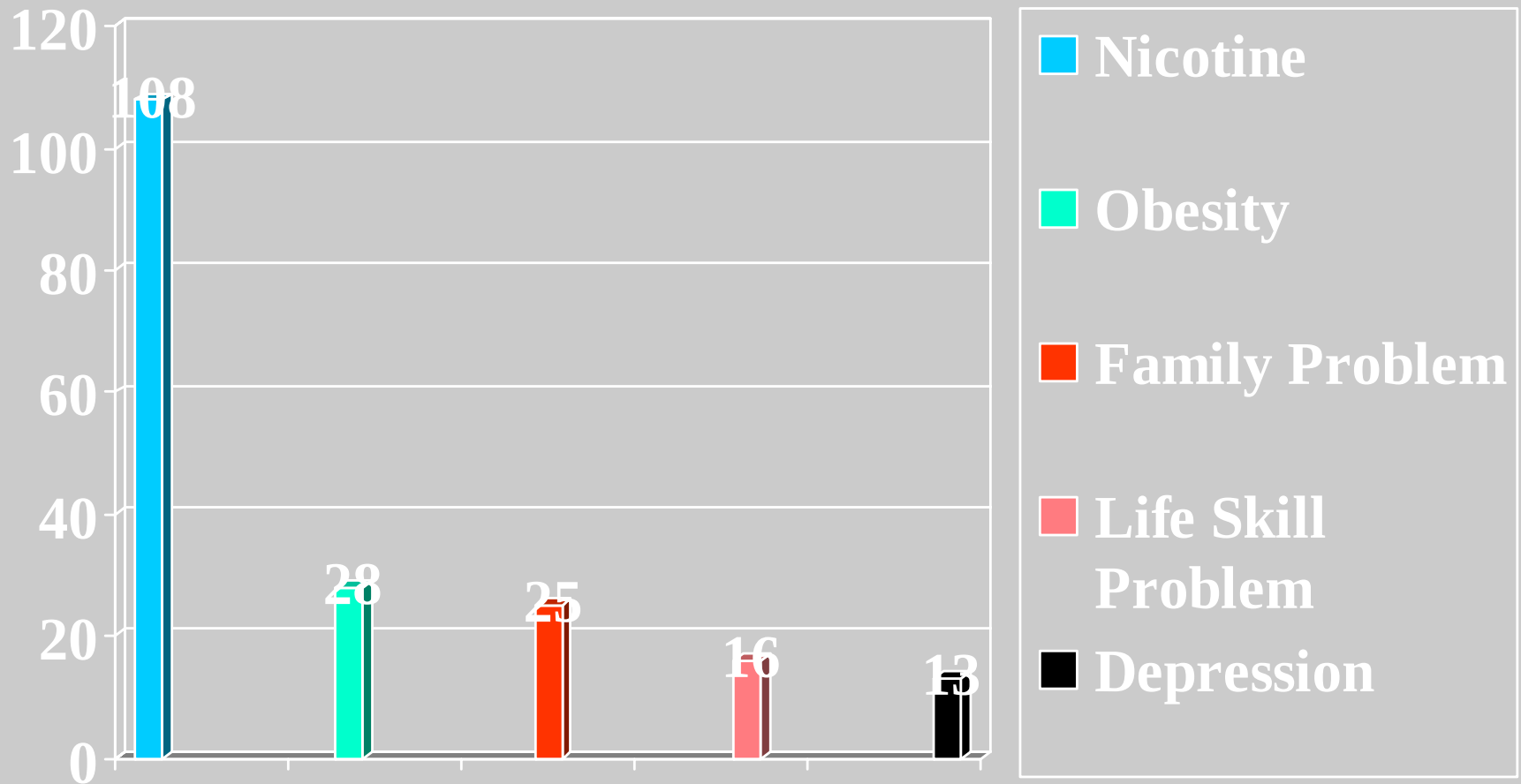
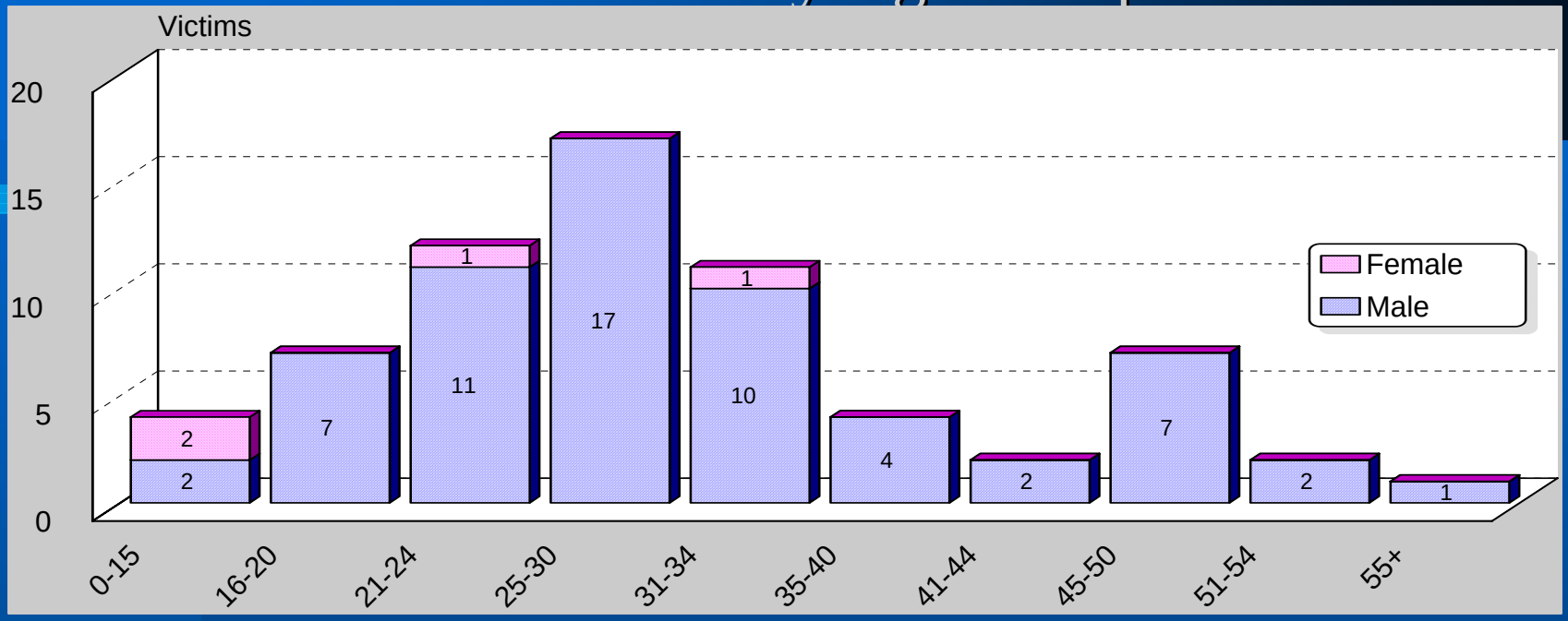
School Health Assessment



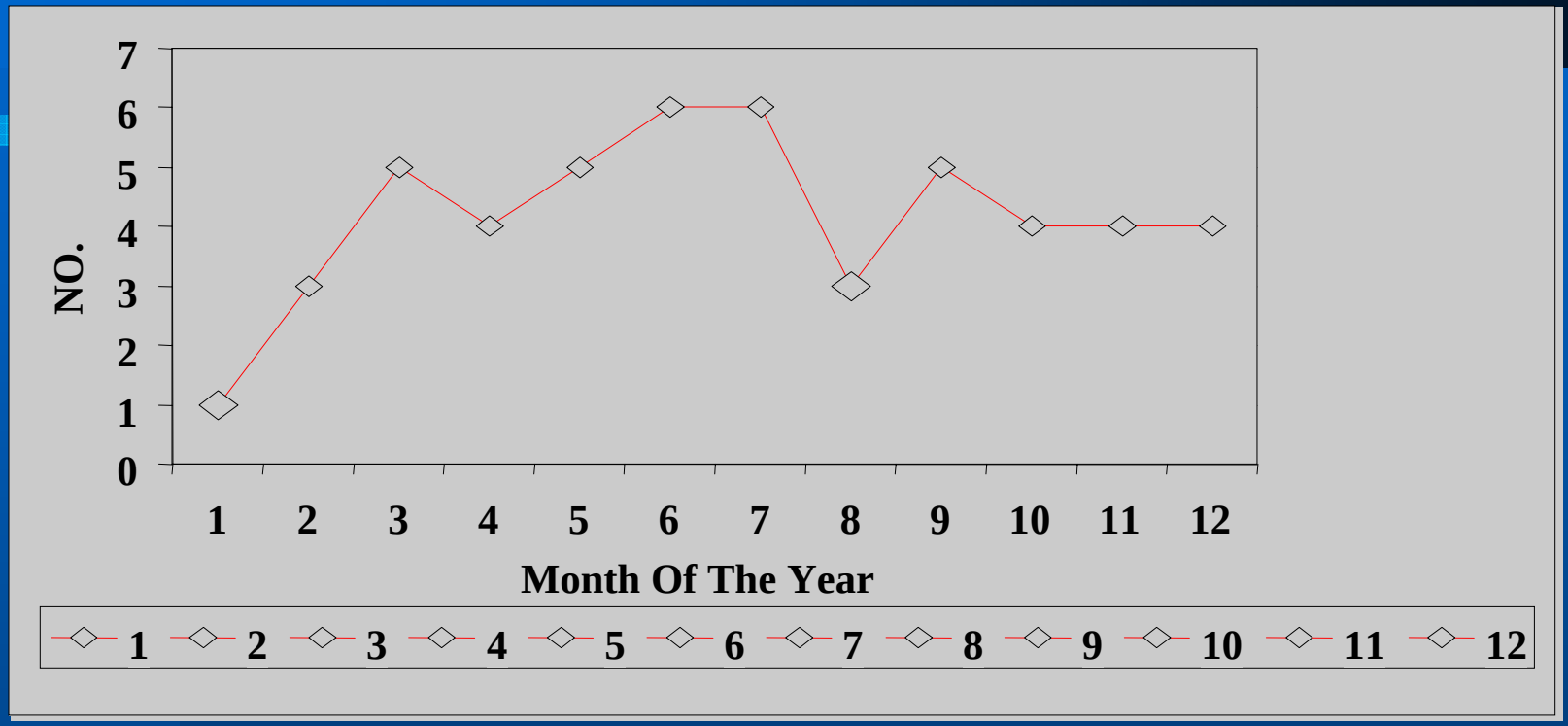
Suicide Profile By Age Group



Statistics indicate that the age group most affected by suicide is 25-30. A lot of the events are related to substance abuse and dependency (alcohol and other drugs), others display patterns of depression, while some become extremely occupied with their thoughts (thought disorder) that drive them to frustration and cessation of life

Source: Behavioral Health

Suicide by Months
1999-2004



The pattern of suicide incidents per months in Palau, has a particular session. The months of March, June and September are the times of the year that we see a rise in the number of cases of suicides per year from 1990 to 2004.

Source: Bureau of Public Health Statistics

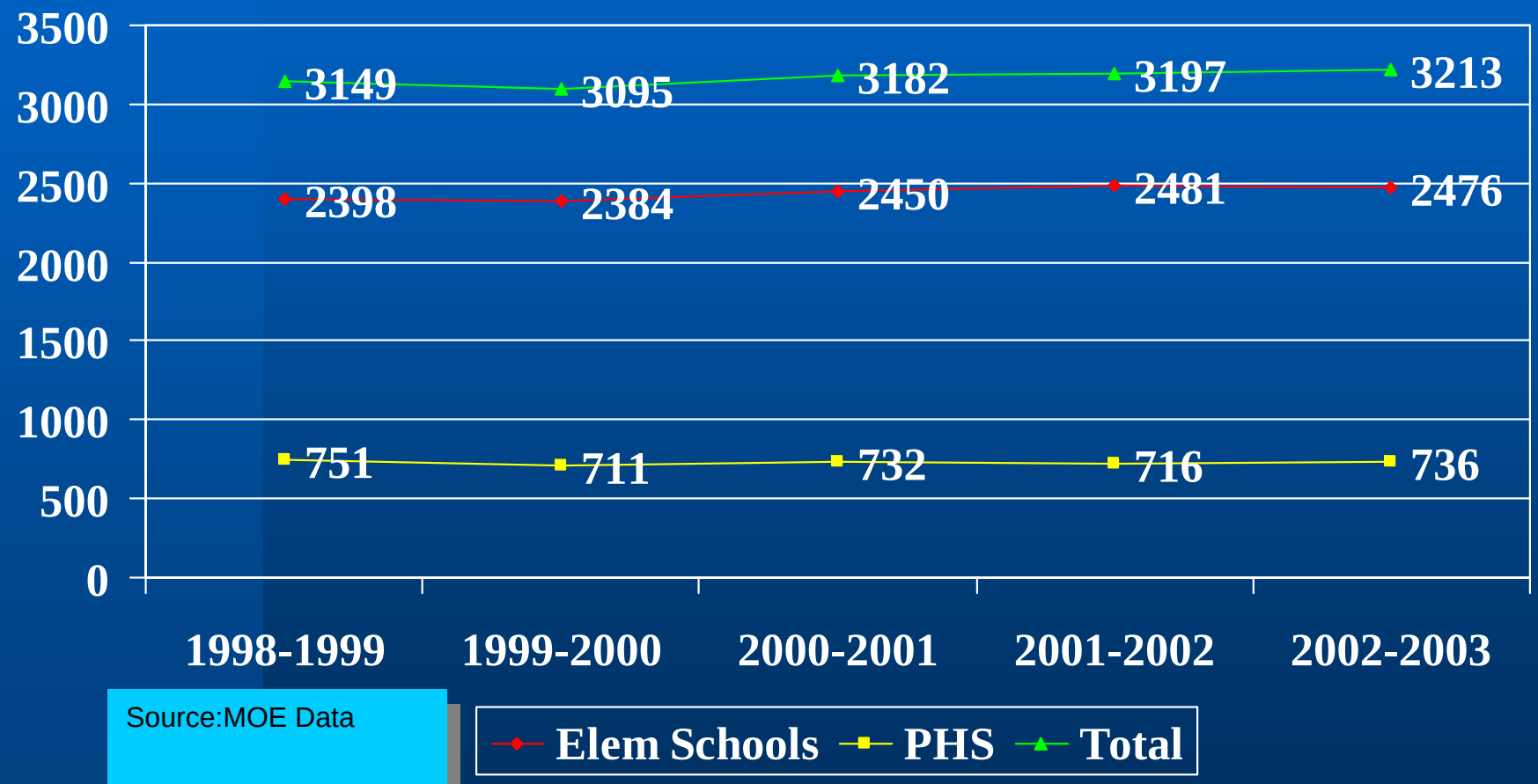
School Enrollment

Level	98-99	99-00	00-01	01-02	02-03
Elem Schools	2398	2384	2450	2481	2476
PHS	751	711	732	716	737
Total	3149	3095	3182	3197	3213

The total student enrollment in public schools has continued to rise.

Source: MOE Data

Student Enrollment Trend (SY1999-2003)



Source:MOE Data

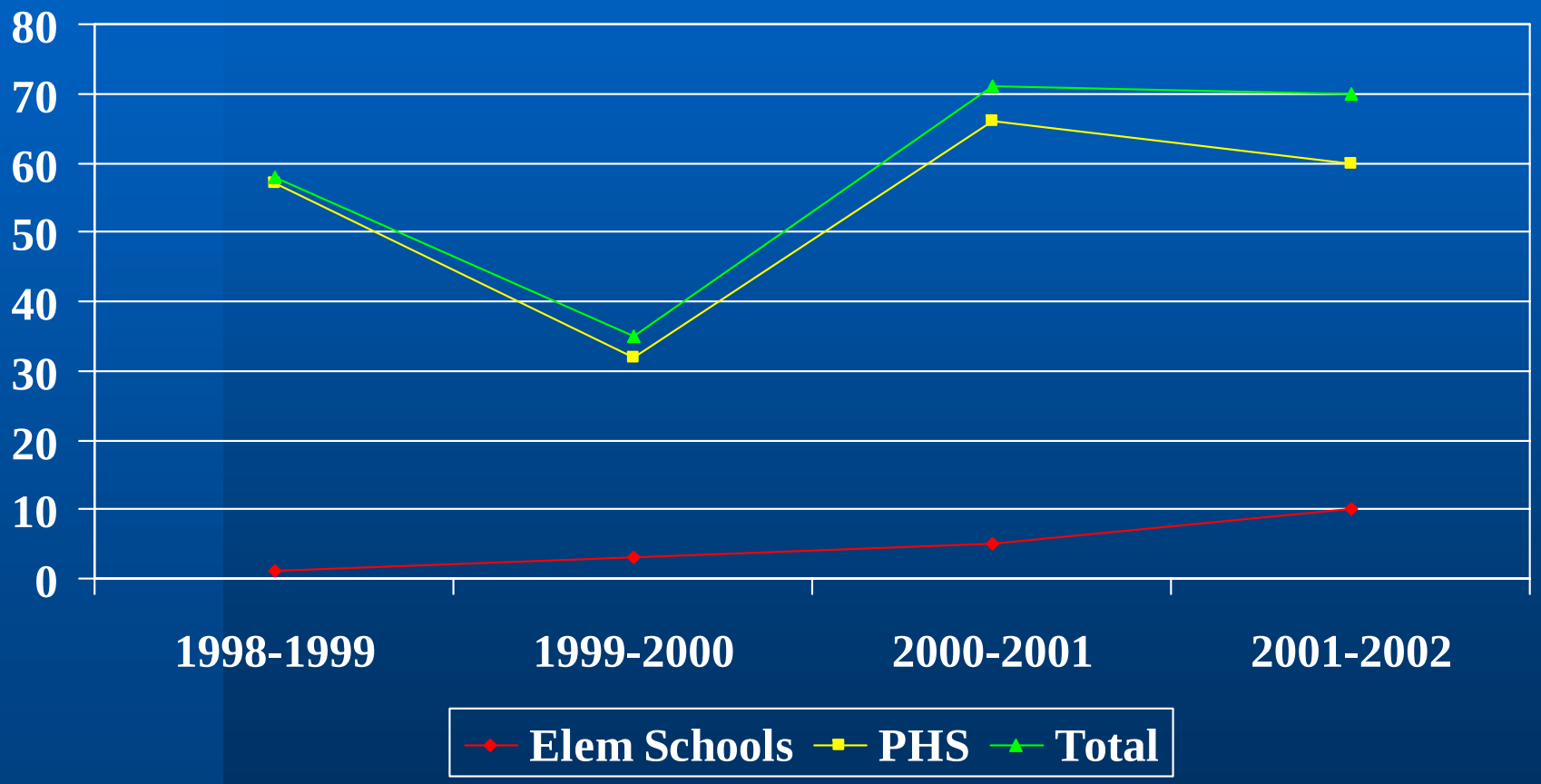
Number of Student Dropouts (SY1999-2002)

Level	98-99	99-00	00-01	01-02
Elem Sch	1	3	5	10
PHS	57	32	66	60
Total	58	35	71	70

The number of student dropouts increased about twofold in the last one or two years.

Source:MOE Data

Student Dropout Trend (SY1999-2002)



Reasons for Drop Outs for High School Students

- **Excessive absences**
- **Pregnancy**
- **Fighting on Campus**
- **Posses/use of dangerous weapon**
- **Use illegal substance in school**
- **Vandalism/damage to school property**
- **Not interested in School**
- **Parents have problems**
- **Married and cannot go to school**

Source: Behavioral Health

Reasons for Elementary Drop Outs

- Not interested in school
- Does not want to go to school
- Give up school
- Hate to go to school
- Parents have a problem
- Admitted to drug rehabilitation

Source:Behavioral Health

Top 3 problem areas for children age 6-19 Years Old

- **Parent-child relational problem**
- **Substance Use and Tobacco Use**
- **Weight management & dietary behaviors**

References

- Youth Risk Behavioral Surveillance 1999-2003
- 2003 Community Assessment
- 2004 School Assessment
- Public Health Statistics
- Behavioral Health Data
- MOE Statistics
- 2000 Census of Population and Housing, Office of Planning and Statistics.

The data on children and adolescents suggest that improving children and adolescent health requires engaging the many people and institutions that shape children and adolescents lives. Strategies that involve multiple influences such as family, schools, communities,church, etc are more likely to succeed. Kids who feel a strong sense of connectedness to their parents, family members, peers, and the community are more likely to engage in healthy and positive behaviors.

"Dekaingeseu El Kau Kerroul"

School Health

488-4575

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Issl55@hotmail.com

Child, Pre-adolescents, and Adolescents (Ages 6-19)

Dr. Kate Decherong
Merlynn Basilius
Sherilynn Madraisau

April 21, 2005

Population Distribution By Age and Gender

Age Groups	Total Pop	Female	Male
5-9	1700	844	856
10-14	1555	761	794
15-19	1382	644	738
Total Pop	4637	2249	2388

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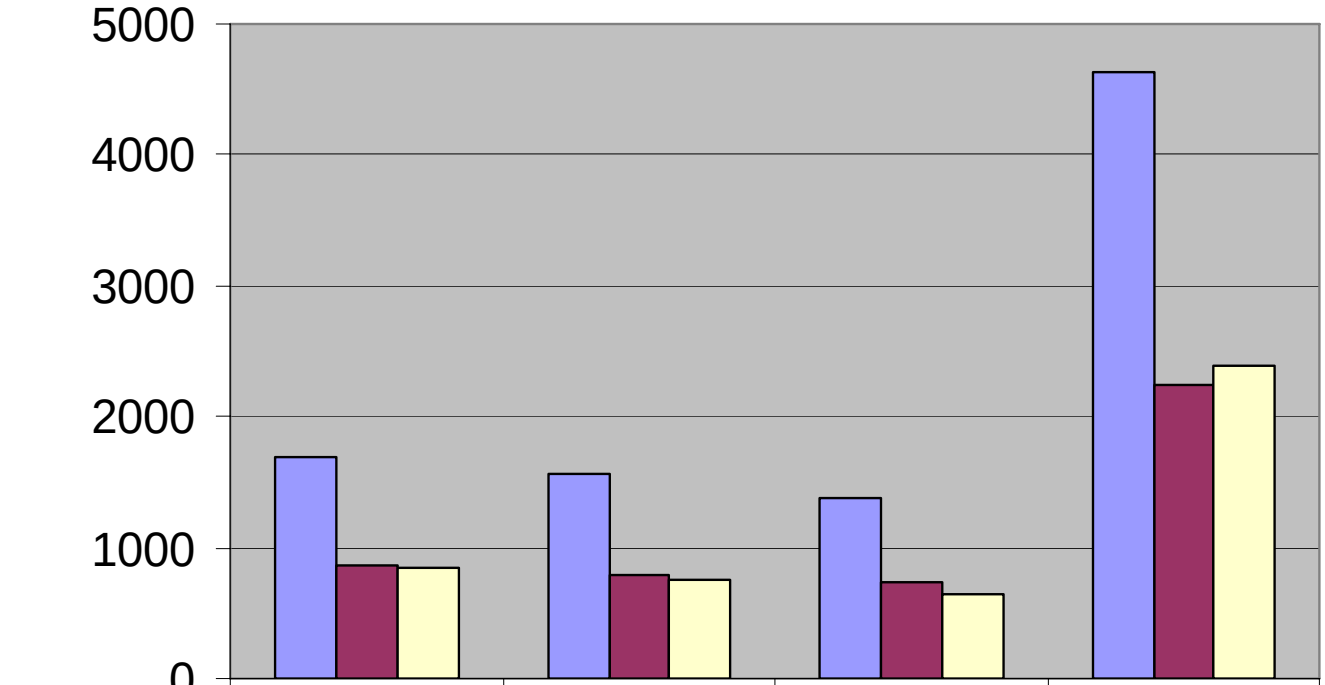

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Total	1700	1558	1382	4637
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Immunization Coverage

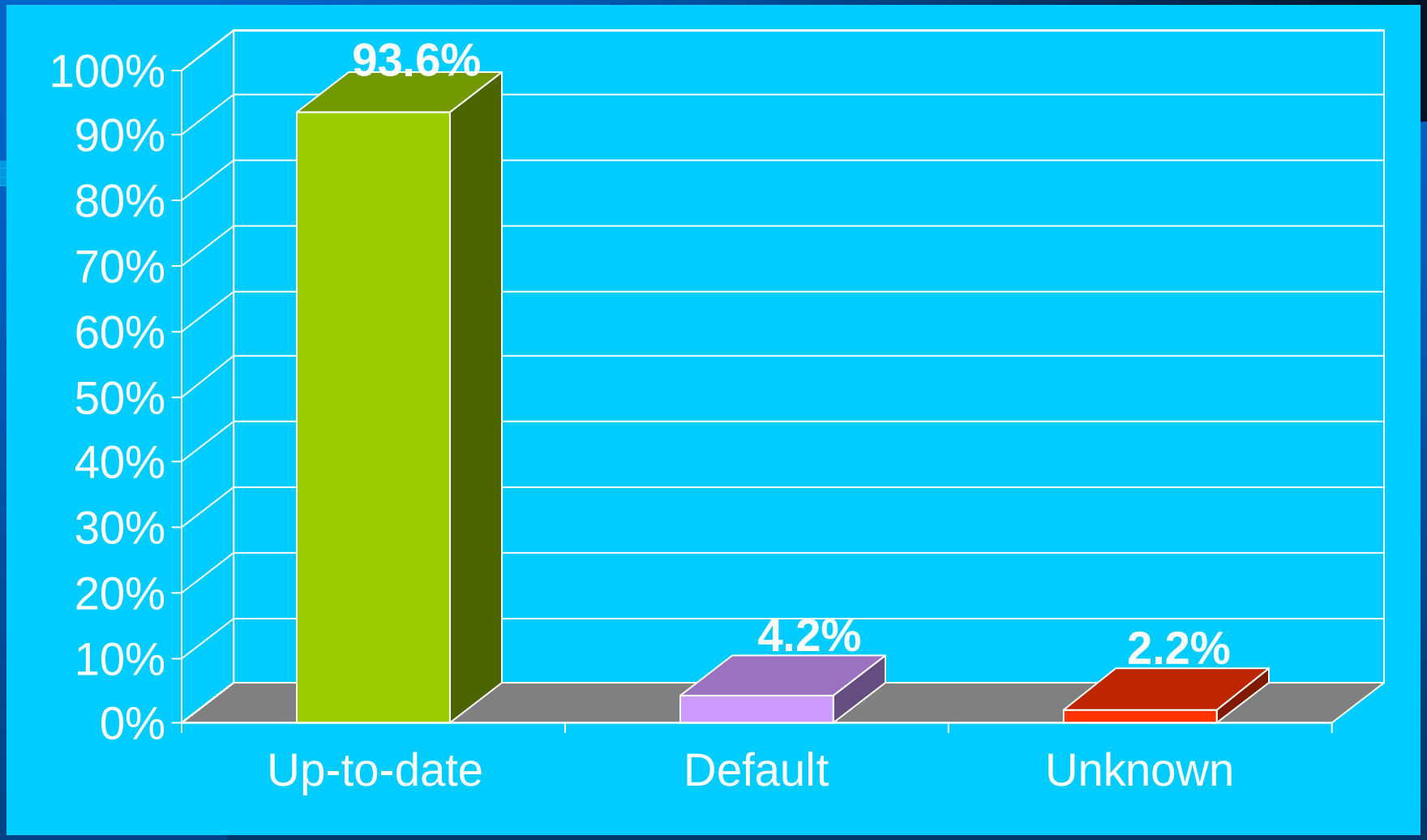
0-14 yrs

Coverage 93.6%

Default 4.2%

Unknown 2.2%

93.6% were up-to-date on their immunizations


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93.6%
4.2%
2.2%
Up-to-date
Default
Unknown

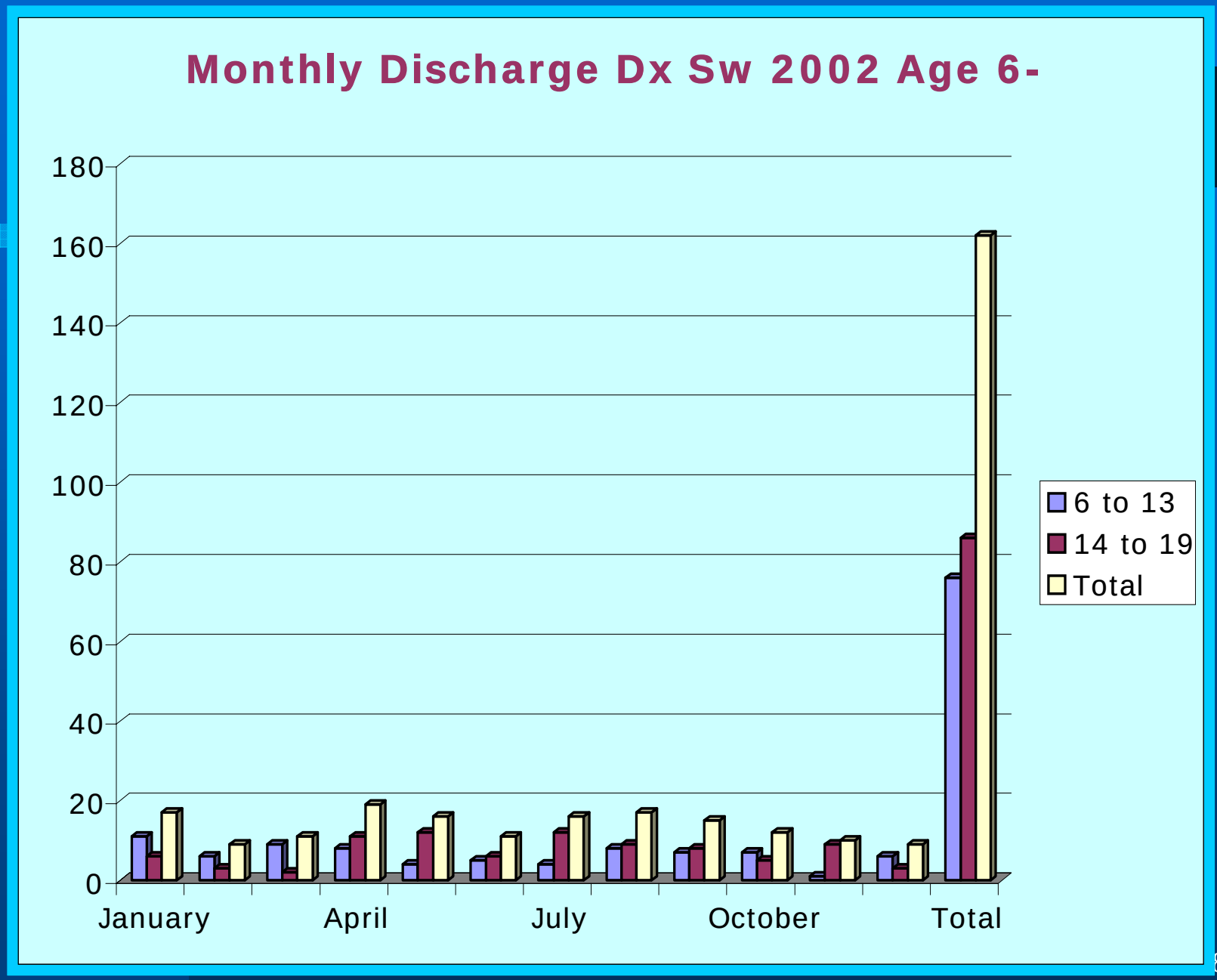
2002-2004 Admission for ages 6-14

2002	2003	2004
Viral Syndrome	Dehydration	AGE
Pneumonia	AGE	Dehydration
Dehydration	Pneumonia	Lepto
Fever	Viral Syndrome	Pneumonia
OM	Vomiting	Viral Syndrome

Source: Surgical Discharge Log Book

SW No. of Discharge Ages 6-19 2002

Month	6 to 13	14 to 19	Total	% of Total
January	11	6	17	19%
February	6	3	9	12%
March	9	2	11	19.60%
April	8	11	19	20.80%
May	4	12	16	19.70%
June	5	6	11	13.50%
July	4	12	16	16%
August	8	9	17	21%
September	7	8	15	18%
October	7	5	12	17%
November	1	9	10	16%
December	6	3	9	14.50%
Total	**76**	**86**	**162**	**17.60%**


Monthly Discharge Dx Sw 2002 Age 6-
180
160
140
120
100
80
60
40
20
0
January
April
July
October
Total
6 to 13
14 to 19
Total

Leading Cause of Death 1999-2003

Age 06-14

- Injury
- Congenital Anomalies
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- Meningitis

Age 16-19

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- Pneumonia
- Heart Disease

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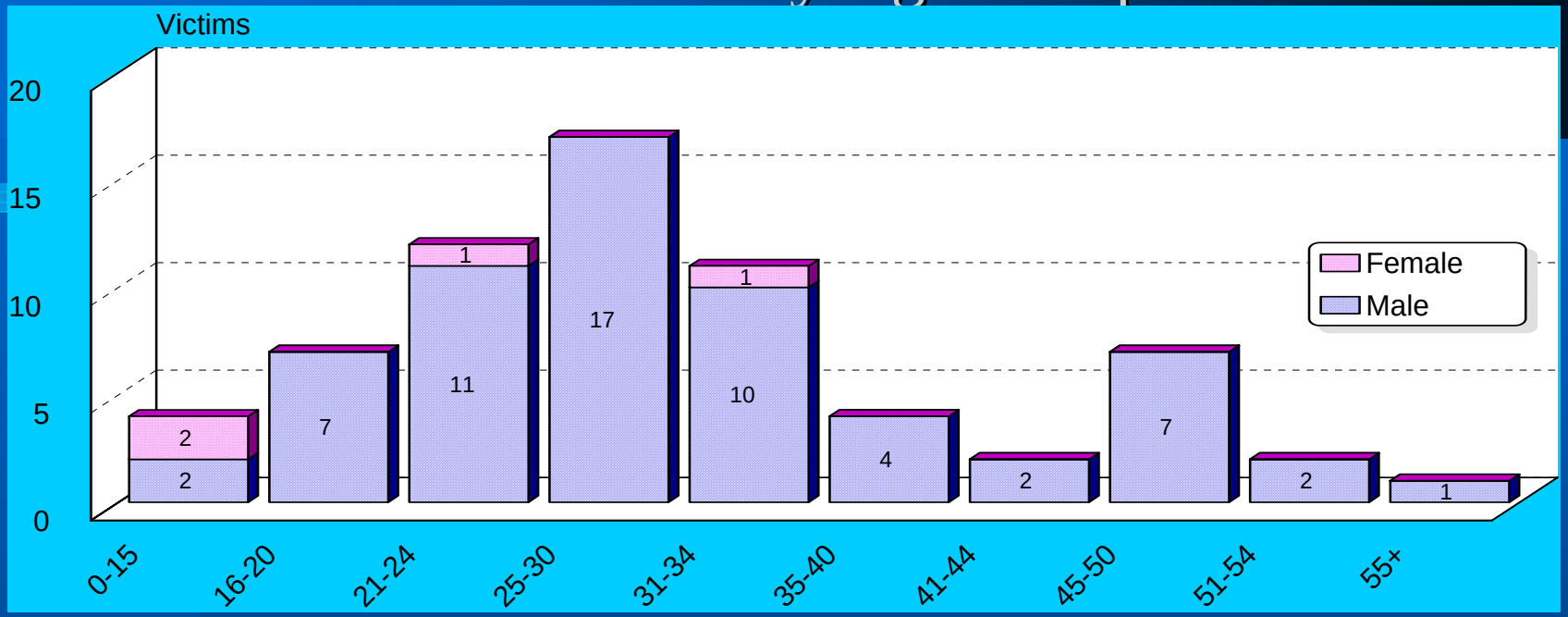

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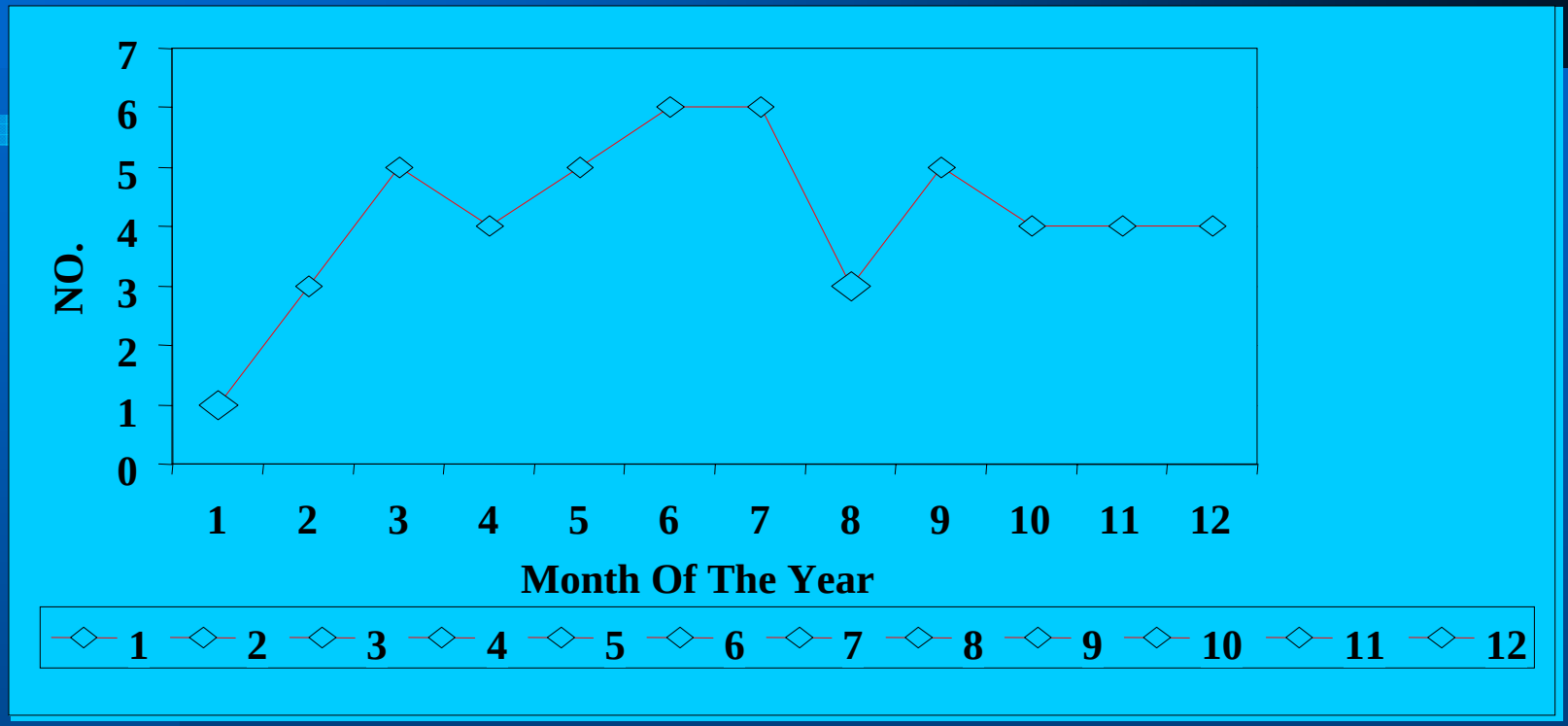
Suicide by Months
1999-2004



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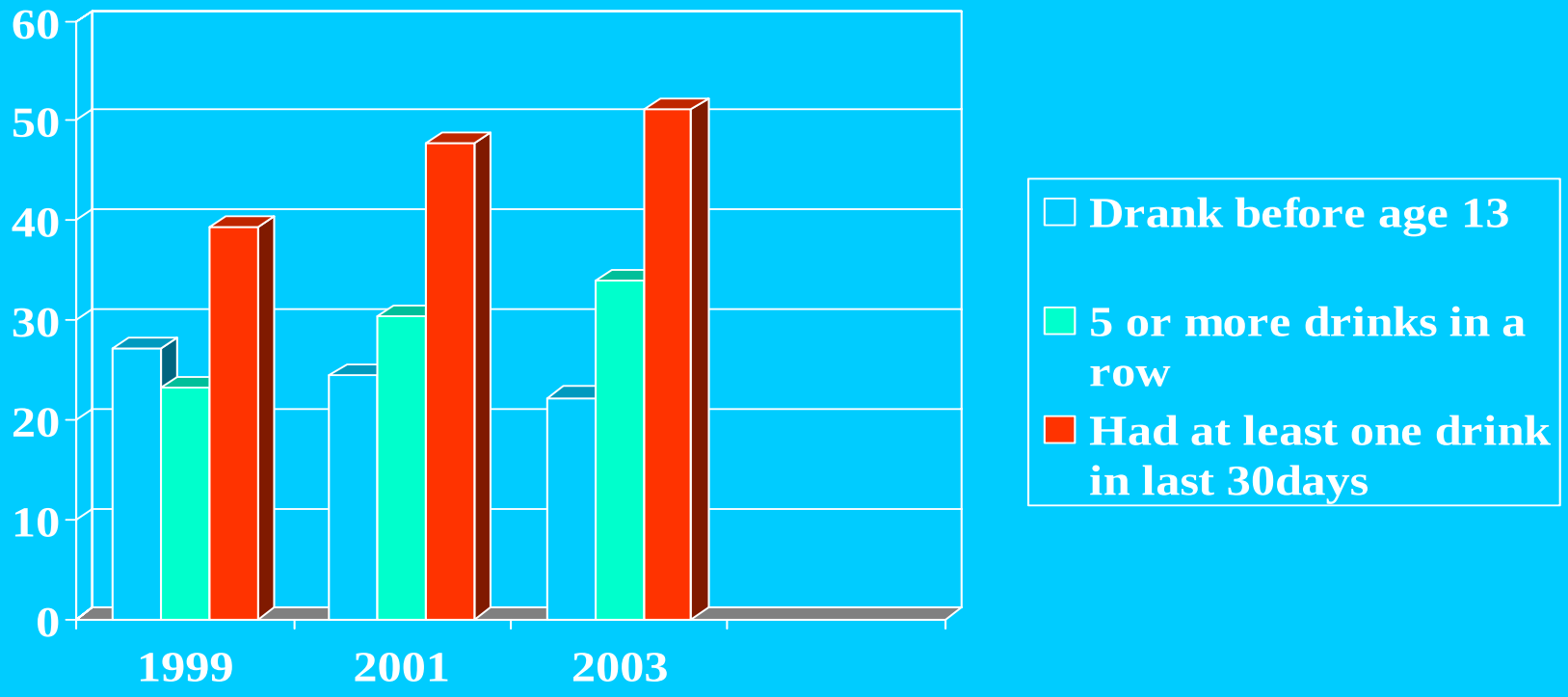
Alcohol Use Among Youth



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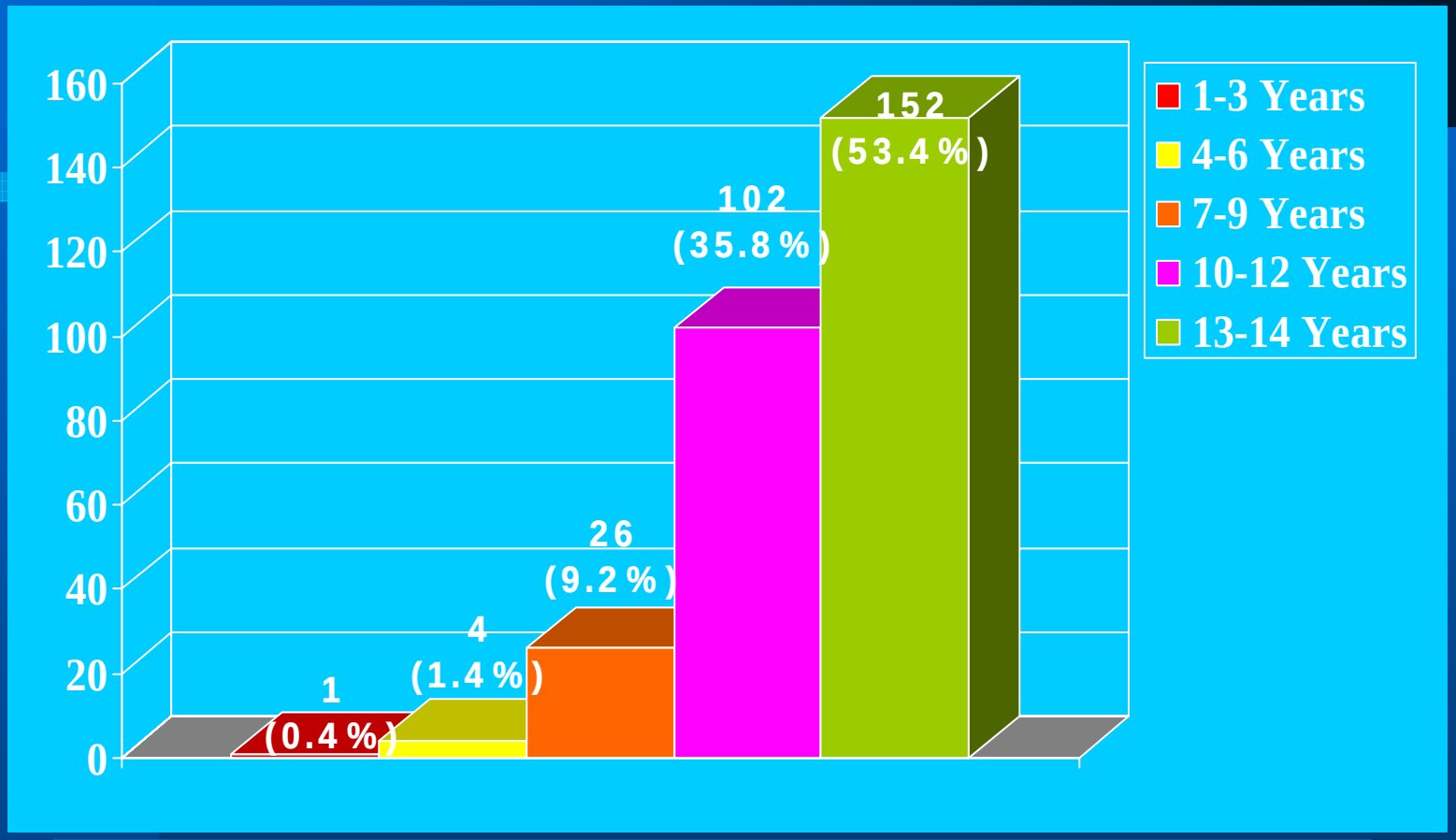
Tobacco Use



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2002-Present Top 3 Behavioral DX (6-19yrs)

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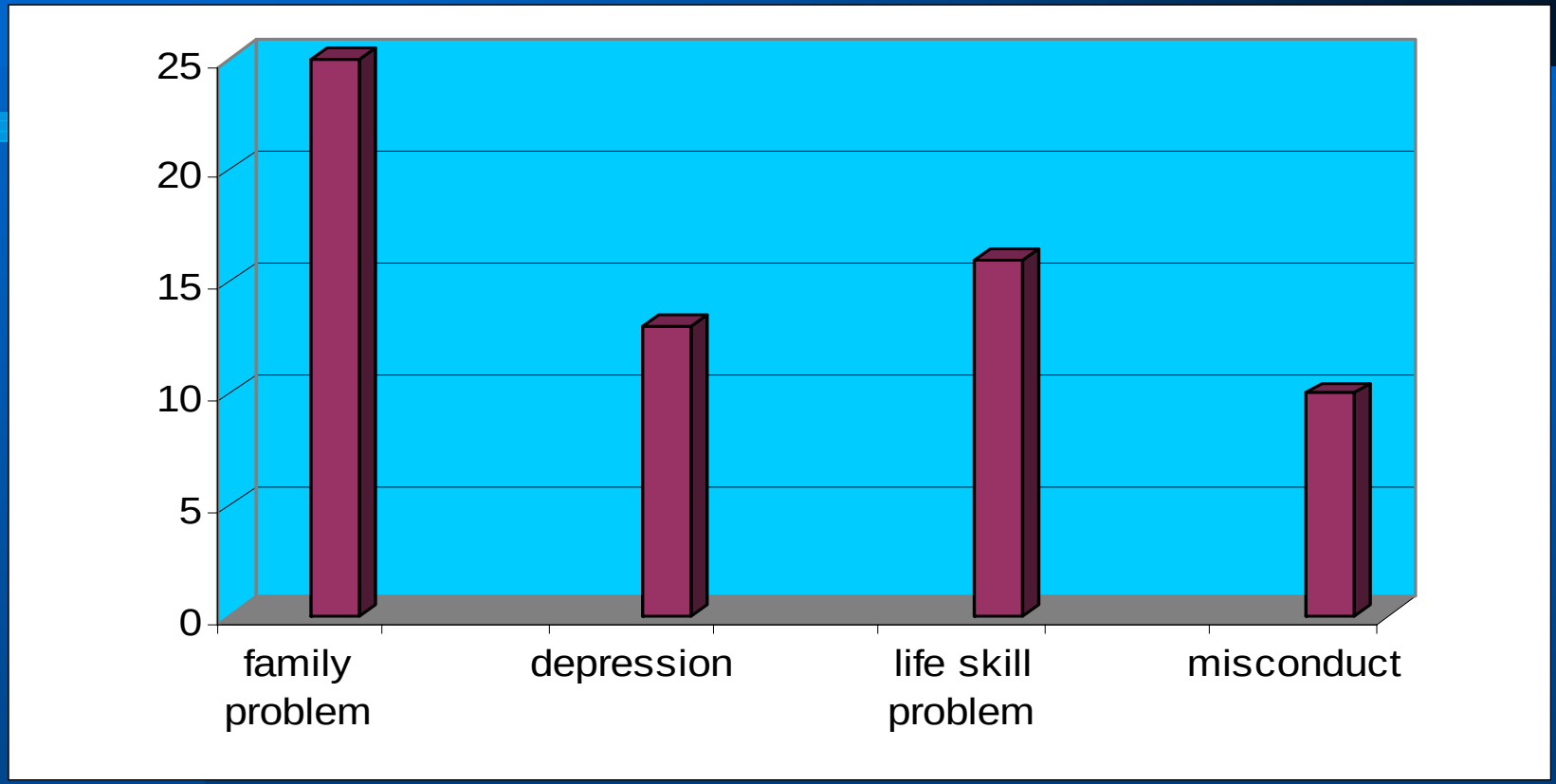
- **Parent-Child Relational Problem**
- **Learning Disorder**

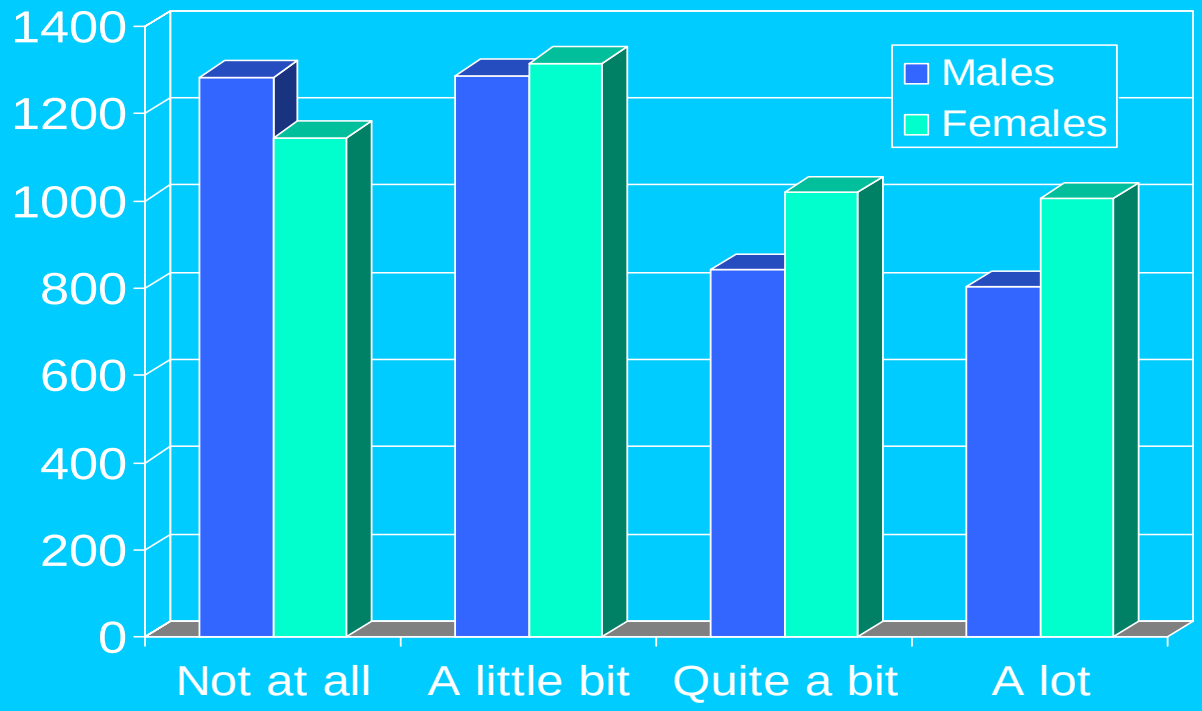
Source:Behavioral Health data

2004 School Assessment



Results of 2004 School Assessment indicates that most students are experiencing problems within the home. Data also suggest that kids are having difficulties in other areas of their lives.

Source: 2004 School Health Assessment



2003 Community Assessment behavioral health question suggest that most of those interviewed felt that they did not get comfort and understanding from someone.

Source: 2003 Community Assessment

Weight Management and Dietary Behaviors

	1999	2001	2003
Percentage of student at risk of becoming overweight	13.8	14.6	14.9
Percentage of students who are overweight	8.8	15.5	15.5
Percentage of student who describe themselves as highly overweight	20.1	20.1	21.5
Percentage of students who ate green vegetable salad one or more times during the past 7days.	89.6	84.9	83.6
Percentage of students who exercise at least 20 minutes three or more times within the past 7 days.	57.0	56.3	58.7

YRBS data indicates an increase in the percentage of students who are overweight and the number of students who describe themselves as overweight.

Source:1999-2003 YRBS

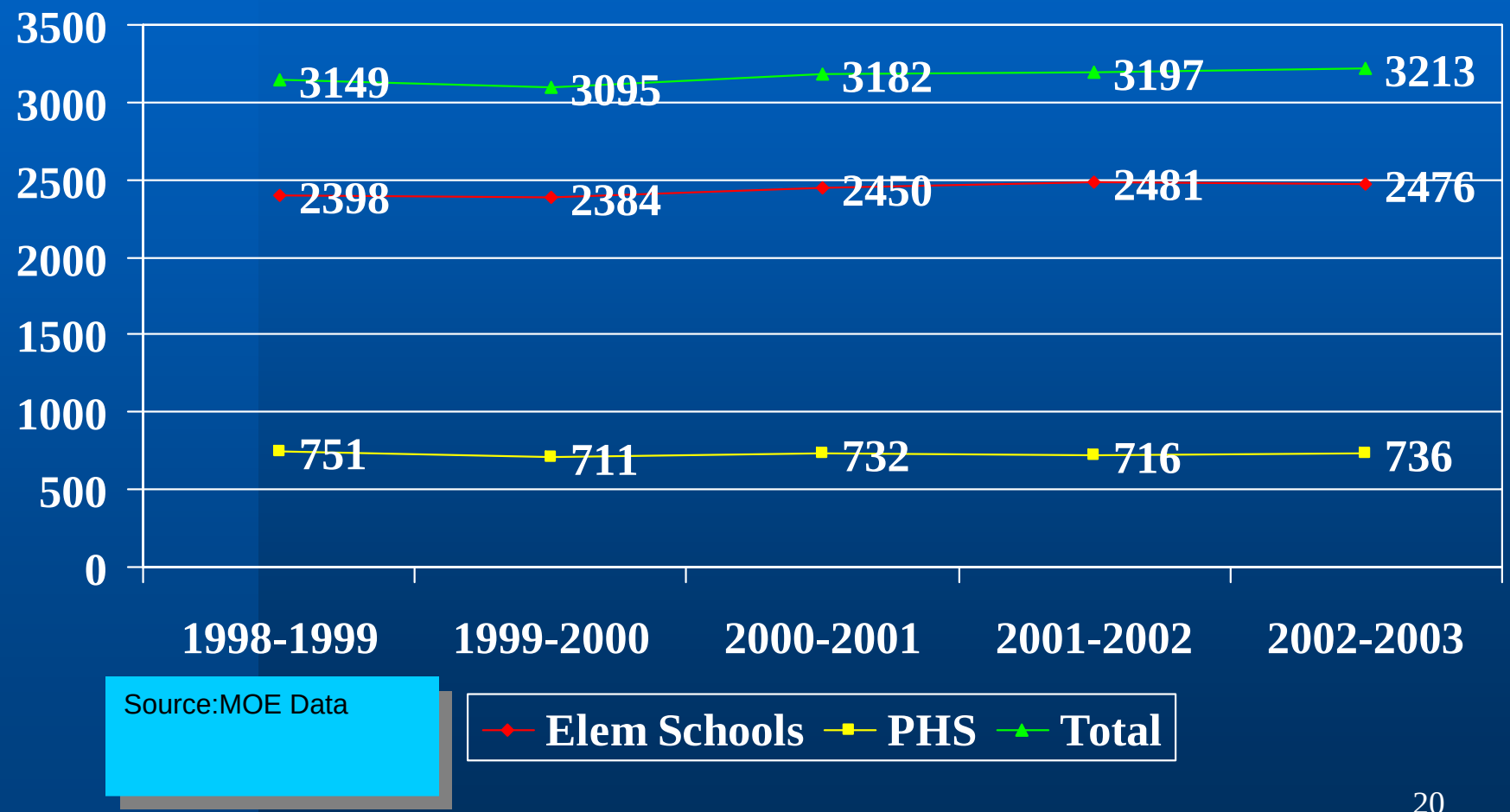
School Enrollment

Level	98-99	99-00	00-01	01-02	02-03
Elem Schools	2398	2384	2450	2481	2476
PHS	751	711	732	716	737
Total	3149	3095	3182	3197	3213

The total student enrollment in public schools has continued to rise.

Source: MOE Data

Student Enrollment Trend (SY1999-2003)



Source:MOE Data

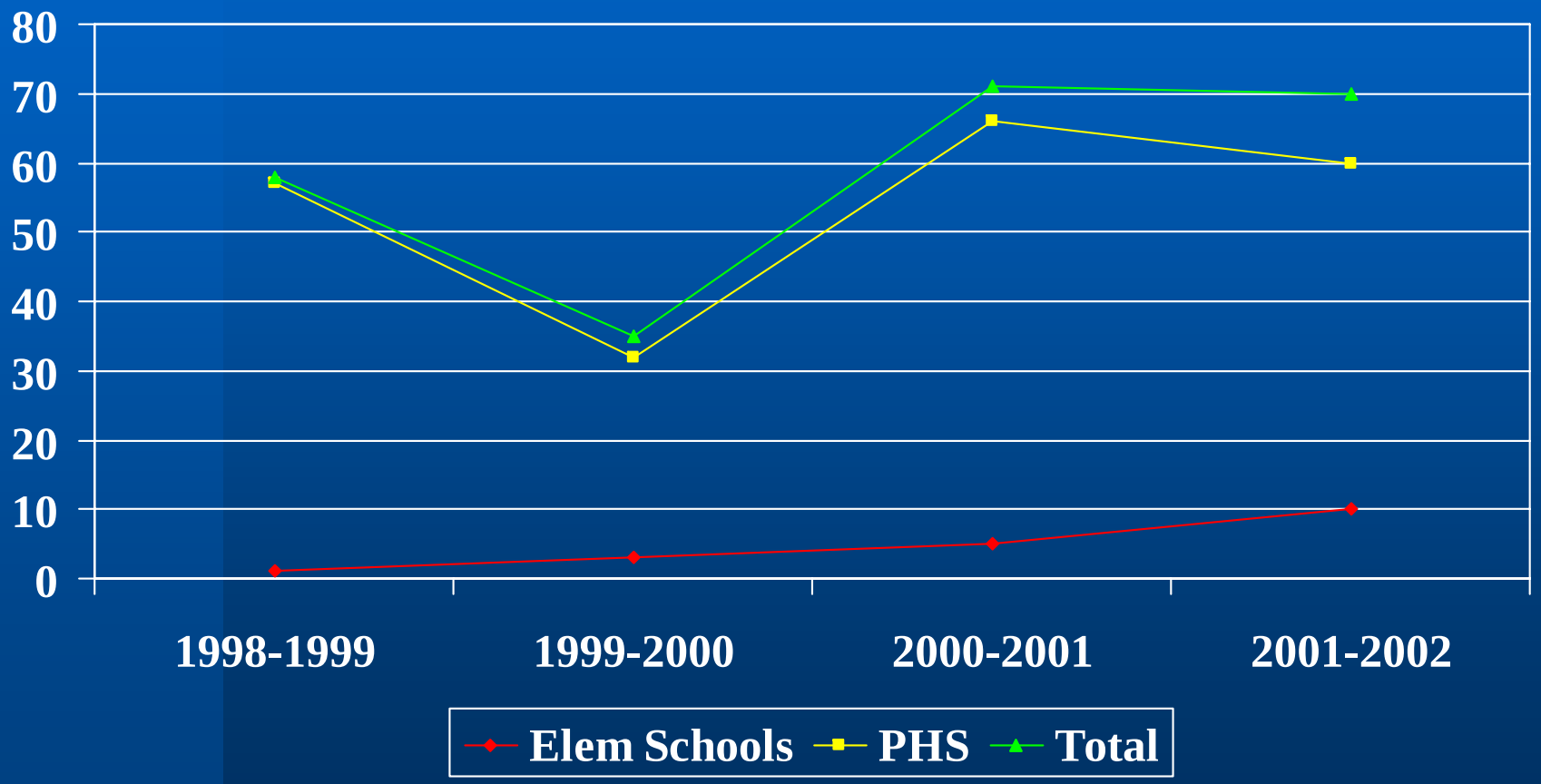
Number of Student Dropouts (SY1999-2002)

Level	98-99	99-00	00-01	01-02
Elem Sch	1	3	5	10
PHS	57	32	66	60
Total	58	35	71	70

The number of student dropouts increased about twofold in the last one or two years.

Source:MOE Data

Student Dropout Trend (SY1999-2002)



Reasons for Drop Outs for High School Students

- **Excessive absences**
- **Pregnancy**
- **Fighting on Campus**
- **Posses/use of dangerous weapon**
- **Use illegal substance in school**
- **Vandalism/damage to school property**
- **Not interested in School**
- **Parents have problems**
- **Married and cannot go to school**

Source: Behavioral Health

Reasons for Elementary Drop Outs

- Not interested in school
- Does not want to go to school
- Give up school
- Hate to go to school
- Parents have a problem
- Admitted to drug rehabilitation

Source:Behavioral Health

Scope of the Problem
2003 YRBS Results

	1999	2001	2003
Percentage of student who were in physical fights w/in the last 12 months.	31.3	29.7	29.6
Percentage of student whose attempted suicide result in an injury.	3.9	5.8	5.5
Percentage of students who had their first drink of alcohol before age 13.	27.1	24.5	22.2
Percentage of students who smoked cigarettes on school property within the last 30 days.	15.9	7.8	10.8
Percentage of students who had sexual intercourse before age 13.	9.9	11.8	7.7
Percentage of students who are at risk of becoming over weight.	13.8	14.6	14.9
Percentage of students who exercised within last 7 days.	57.0	56.3	58.7

Probation Age 15-19

Offense	Total	Male	Female
Burglary	11	11	0
Grand Larceny	6	6	0
ABwDW	5	4	1
Disturbing Peace	3	3	0
Malicious Mischiefs	2	2	0

Source: Probation Data

Top 3 problem areas for children age 6-19

- **Parent-child relational problem**
- **Substance Use and Tobacco Use**
- **Weight management & dietary behaviors**

The data on children and adolescents suggest that improving children and adolescent health requires engaging the many people and institutions that shape children and adolescents lives. Strategies that involve multiple influences such as family, schools, communities,church, etc are more likely to succeed. Kids who feel a strong sense of connectedness to their parents, family members, peers, and the community are more likely to engage in healthy and positive behaviors.

"Dekaingeseu El Kau Kerroul"

Children with Special Health Care Needs Survey

Republic of Palau
(2005)

Presented by:
Berry Watson, M.P.H.
Family Health Unit Administrator

Presentation Objectives:

- Understanding who CSHCN are
- Understanding why survey of CSHCN is necessary
- Understanding the Survey design and how it relates to local and funding agency need.
- Understanding the various categories of the Survey instrument and their purpose
- Some data highlights.

CHSCN Survey

- - Necessary for identification of needs
  - - Clients
- - Form of communication (clients to service providers/agencies
- - Enable service providers to review processes;
- - Improve processes to meet needs of clients.

CHSCN Survey (Continued)

- Local Level:
  - Initiate Systems Change (i.e. IA collaborative)
  - Capacity Building to meet evolving needs of Clients (staff development, parent training/education/advocacy)
  - Technology (knowledge, skills, tools, equipments) changes/improvement to meet needs
  - Meet Local Regional ,and International Legal Mandates (RPPL 3-9; Yanuda Declaration and CRC)

CSHCN Survey (Cont.)

- Funding Agency Level:
  - Ability to respond to 6 Performance Measures under the Title V, MCH Program
  - Common data elements are used in measurements of the Performance Measures (national and the pacific jurisdictions)
  - Comparisons can then be made
  - Prevalence rates can be established-baseline information.

CSHCN Definition Criteria

- Child under the age of 21 y.o
- Health or related services need over and beyond that required by children in general
- Duration of health and related service need is expected to exceed one year

MCH Bureau, 1995

Survey Design

- Mirrored after the U.S. National CHSCN Survey
  - Adaptations were made to reflect Palau situation (i.e., questions relating to extended family involvement in care of CHSCN)
  - Reviews/Edits – by MCH Bureau Research Branch and the Regional MCH Coordinators meeting in Hawaii in 2004
  - Reviewed by local health professionals and parents of CHSCN
  - Approved for implementation in November 2004

Survey Implementation

- Interviewers:
  - Contracted and provided training.
  - Have until March 2005 to complete interviews.
  - Program provide gas to interviewers and cars if interviewing in Babeldaob.
  - Requested to conduct child find in communities-refer
- Survey implementation:
  - Face-to-Face
  - About 45 minutes required to complete one instrument
  - Peleliu was completed in one weekend
  - Angaur – phone interview.
  - Koror On-going while Babeldaob has been completed.

Who were surveyed

- Children who are currently receiving health and related services (approx. 300)

Survey Categories

- Demographic information
- Living Condition Information
- School/Education
- Health Status/Medical Condition
- Access to Medical Home(Service Utilization)
- Satisfaction of Care/Services
- Healthcare Cost/Health Insurance
- Service Coordination

Demographic Information

- Residence by Region:
  - 70% in Koror (including Echang)
  - 22% in Babeldaob
  - 8% in Peleliu, Angaur: no cshcn in the So.West Islands.
- 98% Palauans and 2% other PI/OM
- 62% male and 38% female

Living Conditions of CHSCN

- 80% reside with both parents; 9% reside in a single parent; 6% widow; 4% divorce ;1% other
  - 14% reside in households headed by grandparent
  - 11% reside with other relatives
- 14% of the household surveyed have more than one child with special health care need.

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Health Status/Medical Condition

- 4 Questions are used measure this category
  - 50% - condition expected to last more than one year
  - 39% - physical/medical need of the child is challenging followed by 27% - educational/learning problem and 13% - mental/behavioral problem

Health Status/Medical Condition (Cont.)

- 15% - Ranking of Child's health condition is most severe while 27% - Mild
- 42% - child's health care need usually remains the same, 7%- changes once in a while and 5% - changes all the time.

School/Education

- 30% receive services for Special Ed.
- 68% - Elementary followed by High School and Head Start
- 38% miss school due to illness (related to identified Health care Need)
- 51% never missed school

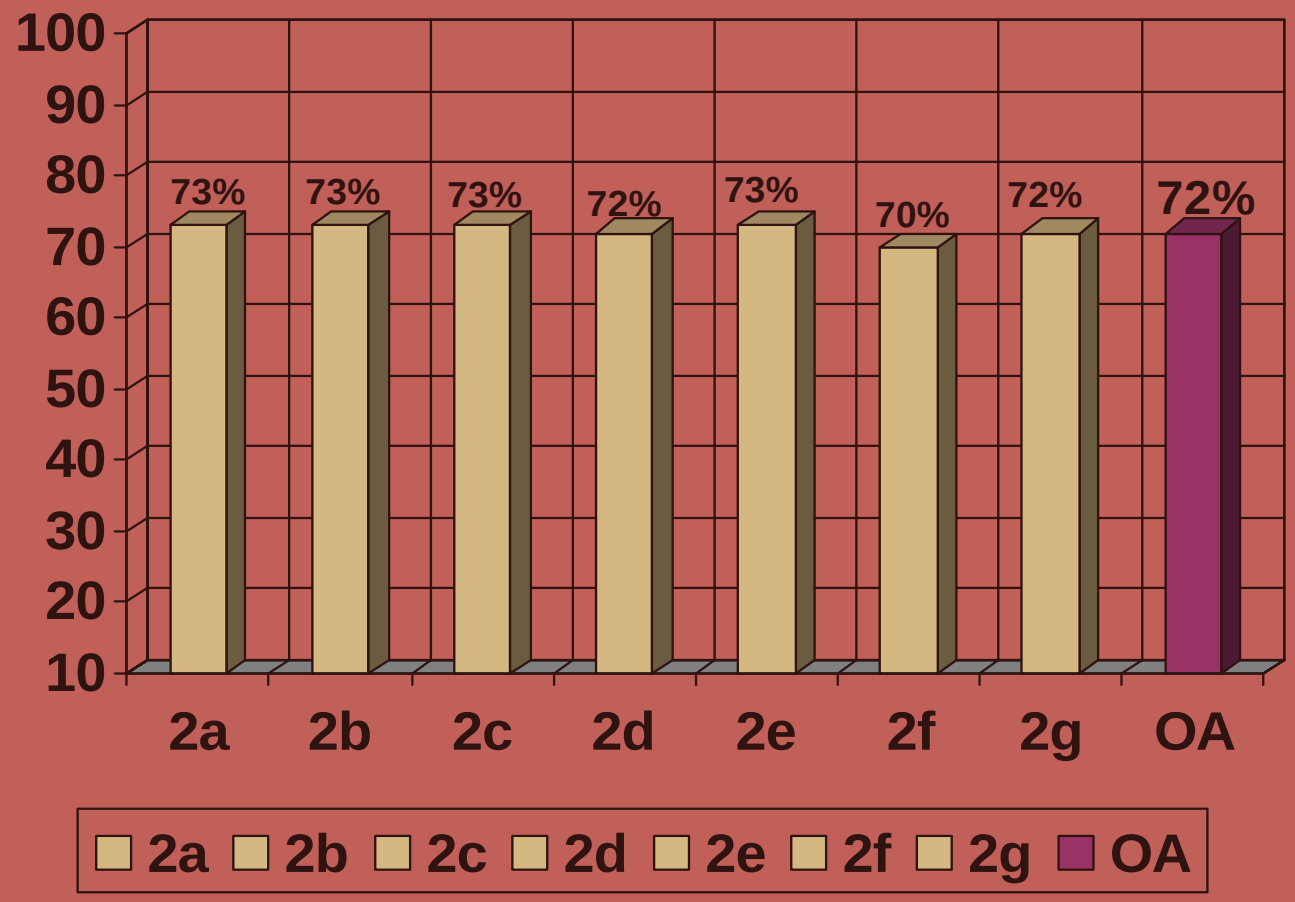
Satisfaction of Care/Services

- 7 Questions are used to measure this component
- 73% - Care provider discusses concerns relating to child's special health care needs
- 73% - showed how to care for child
- 73% - made to feel like they are important partner in child's care

Satisfaction of Care/Services (Cont)

- 72% - spends enough time with child
- 73% - listens to you regarding your concerns
- 70% - sensitive to your family values and traditions
- 72% - give enough information about child’s condition

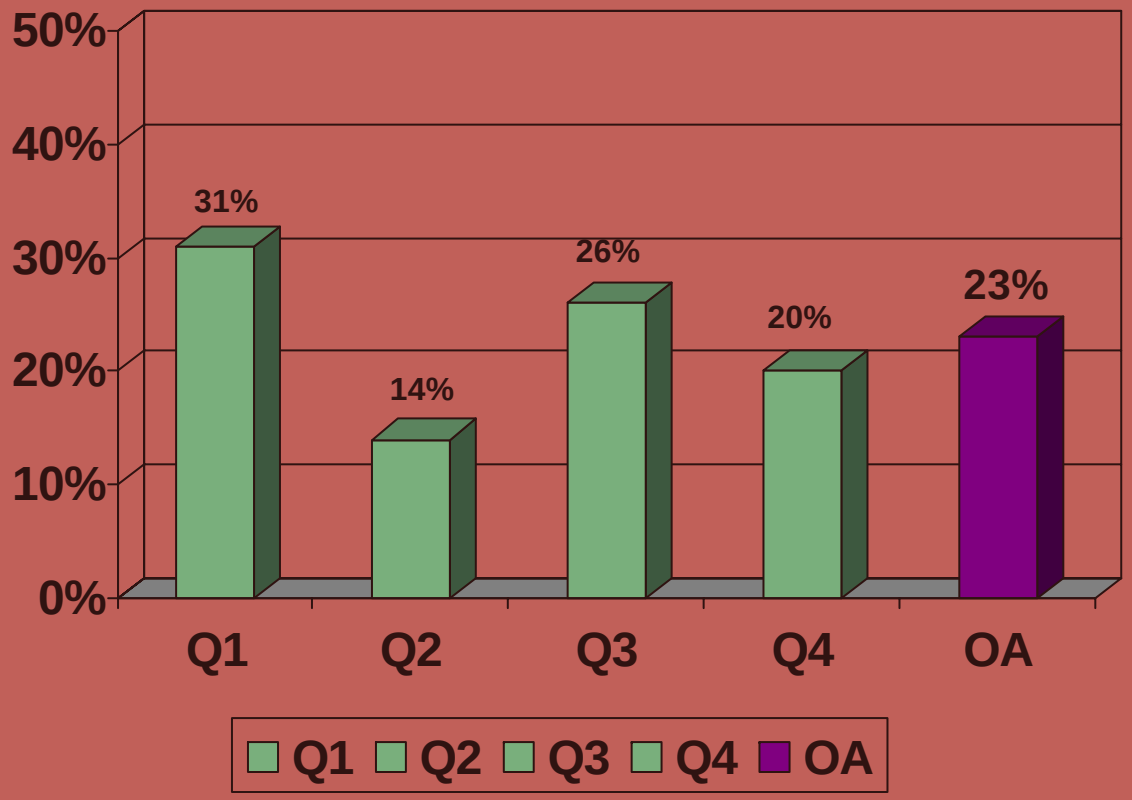
Satisfaction of Care/Services



Care Coordination

- 5 Questions are used to measure this component
  - 31% receive care from more than one healthcare provider
  - 14% - child use more than one kind of services due to health care need.
  - 26% - health worker help coordinate services for child
  - 20% - coordinate services for their child themselves.
  - Only 23% responded that they were satisfied with their child’s care coordination.

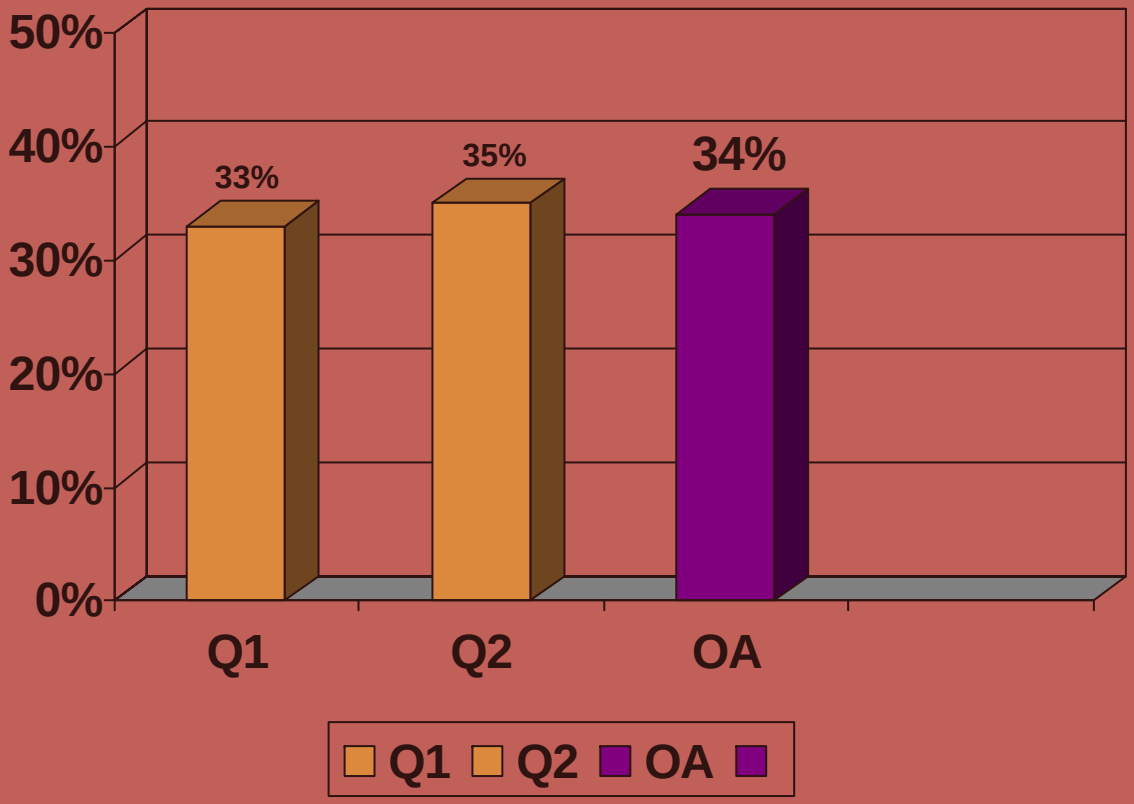
Care Coordination



Collaboration in Care of Child

- Internal communication between professionals = 33%
- External communication between schools and other agencies = 35%

Collaboration in Care of Child



Healthcare Cost/Health Insurance

- Covered by Health Insurance = 13%
  - 30% - Health insurance covers health care and prescription cost.
- 45% are two-parent working family
- *Changes in fee schedule will have a great impact on access of care for CSHCN

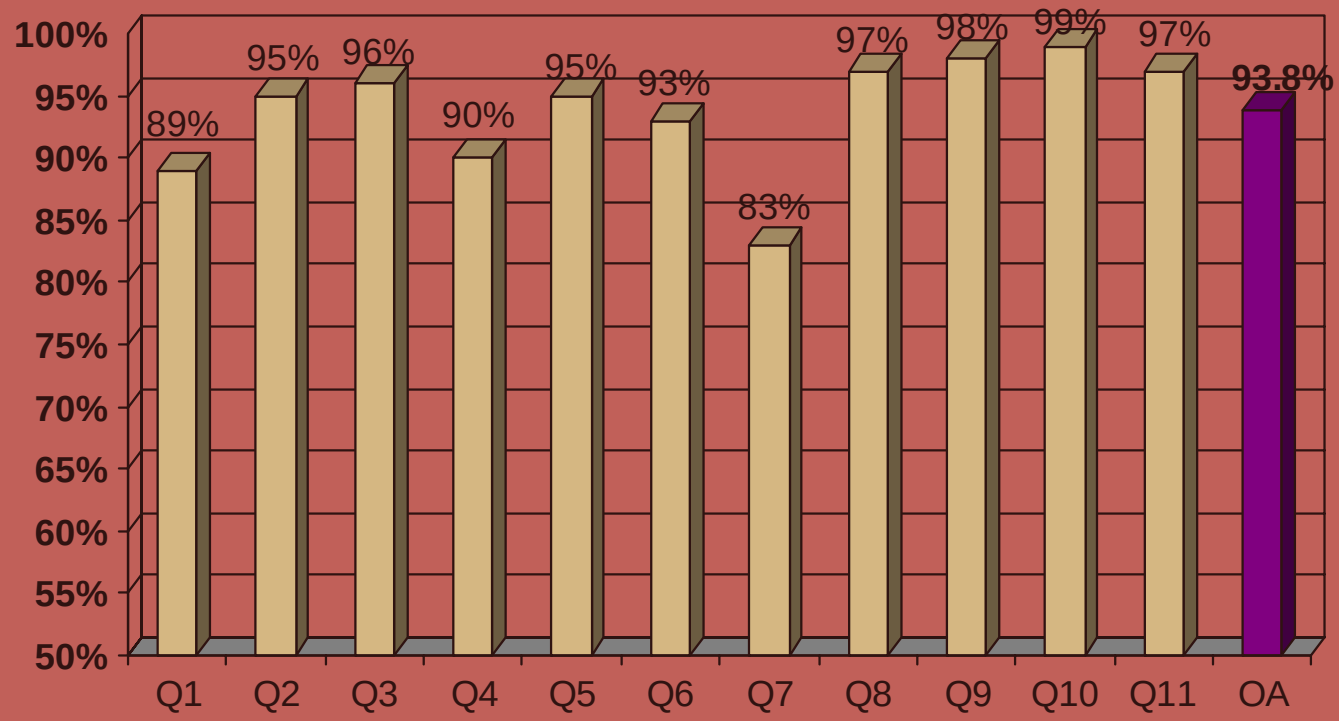
Access to Care

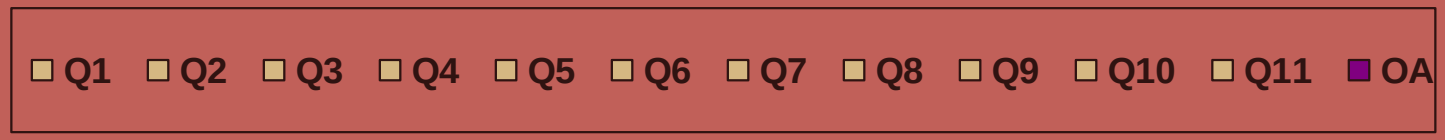
- Regular Doctor = 38%
- Site of Routine Care
  - BNHOPD = 72%
  - Private Clinic = 22%

Access to Care (Cont.)

- Delay care due to other reasons = 11%
  - Unable to contact clinic/doctor =5%
  - Appointment = 4%
  - Wait time - long = 10%
  - Clinic not open = 5%
  - Transportation = 7%
  - Money = 17%
  - Type of Care is not available = 3%
  - Provider lack skill = 2%
  - Non=citizen = 1%
  - Conflicting appointment = 3%

Access to Care

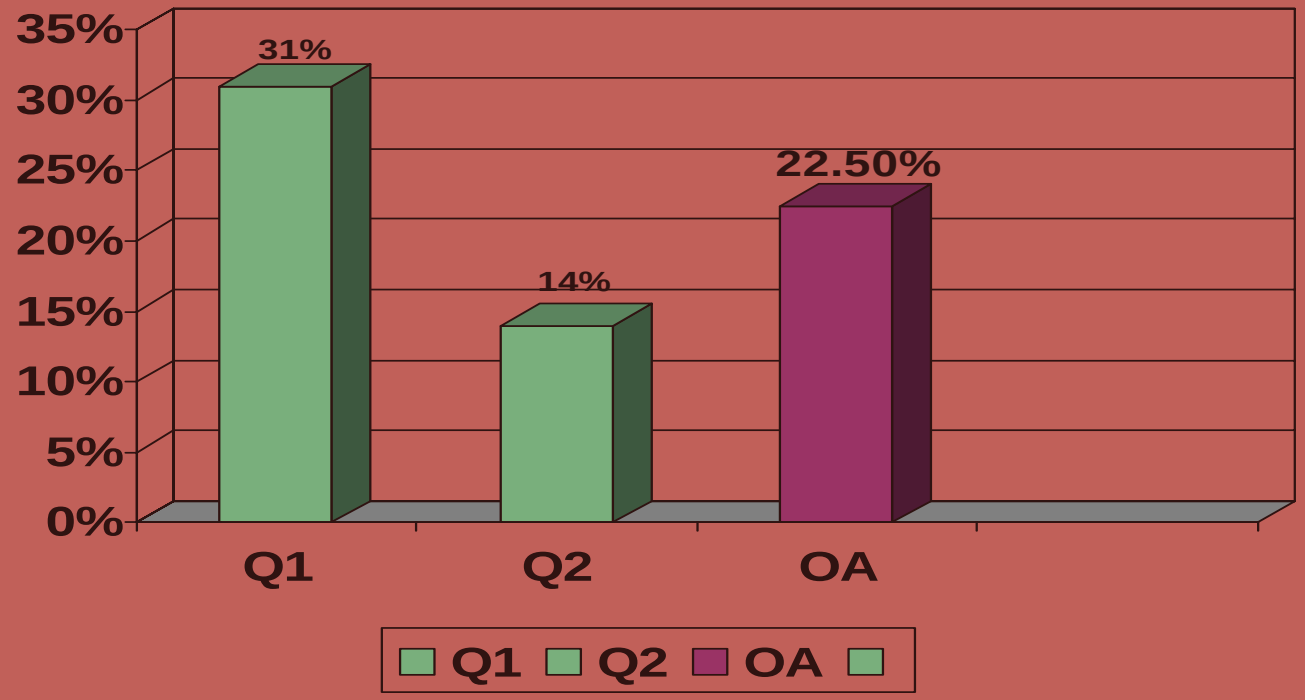




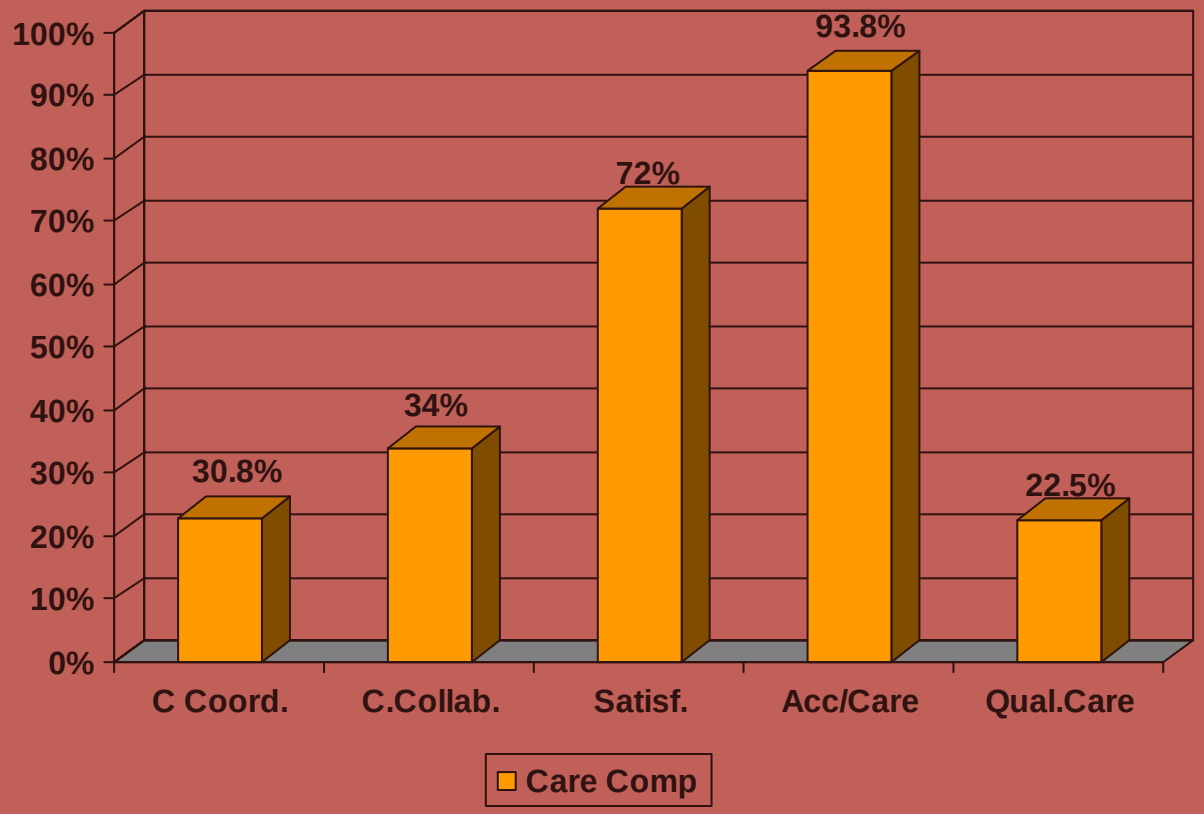
Quality of Care

- Receive care from >= care provider = 31%
- Need more than one specialty serv due to shcn = 14%

Quality of Care



CSHCN Survey Summary
5 Care Components



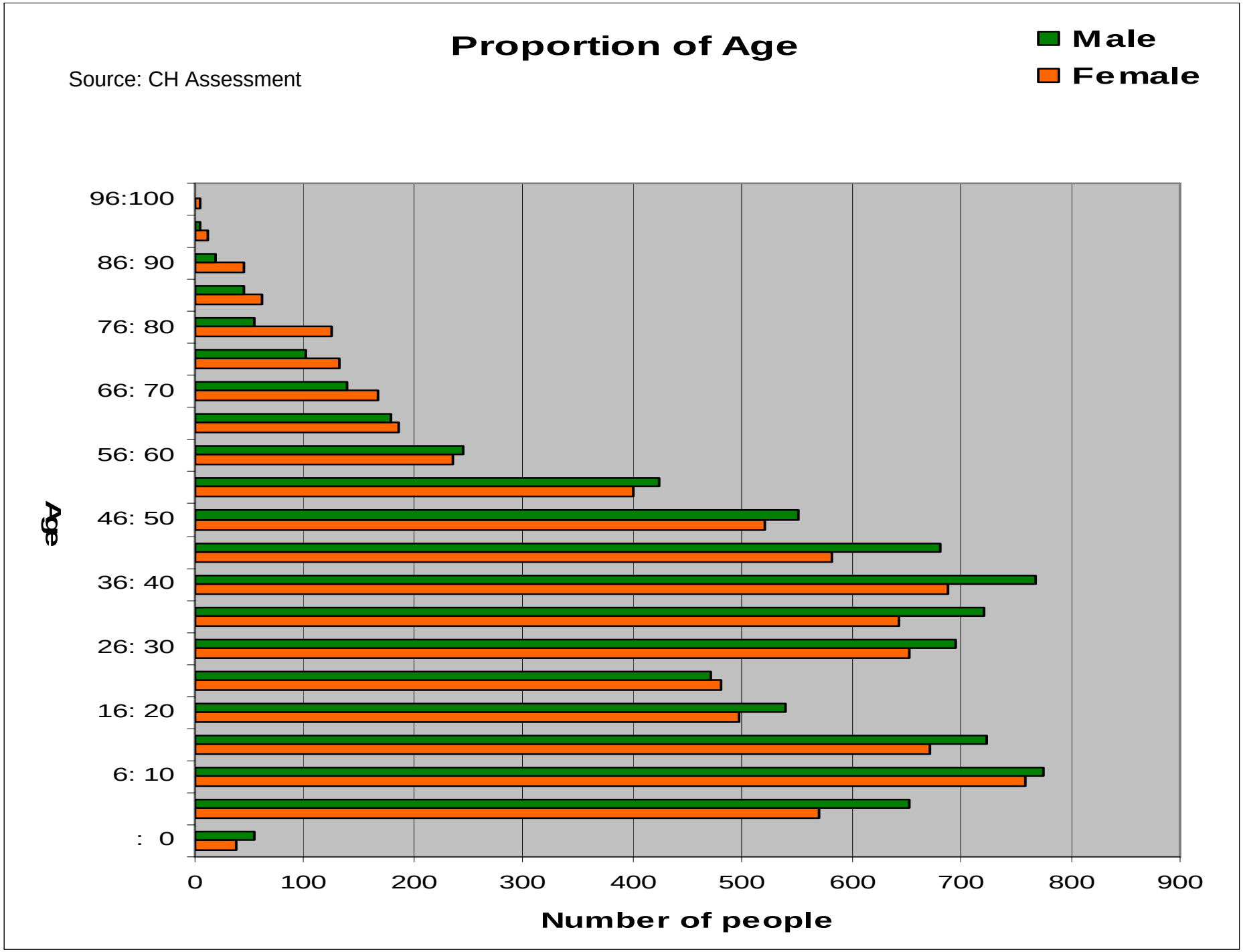
Mesulang

MCH Needs Assessment Women/Men of Reproductive Age Group

By

Seba, Inge, (Jane O., Osarch, Malsol, Yorah, & Kuartei)

May 2005

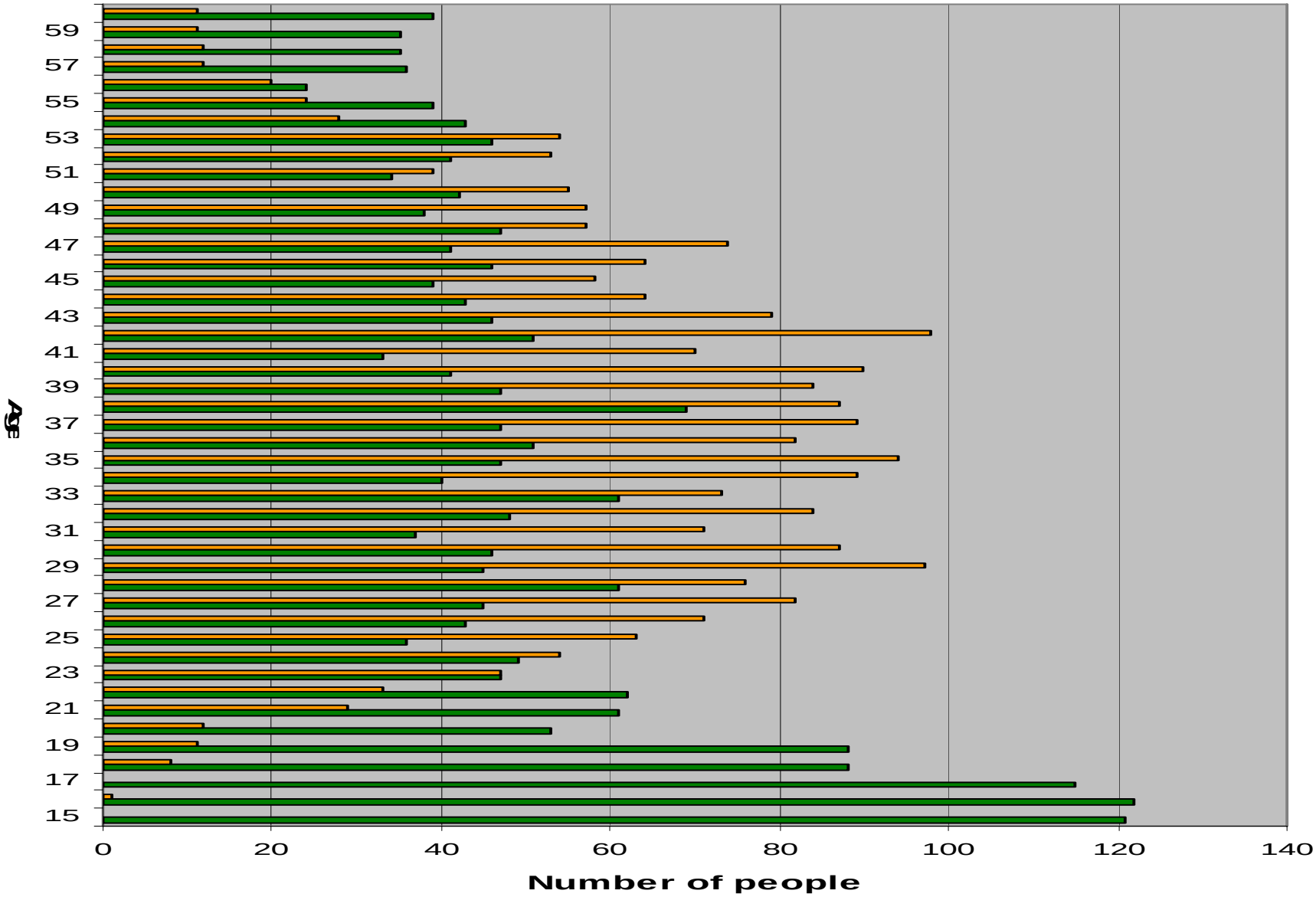

Proportion of Age
Source: CH Assessment
Male
Female
96:100
86: 90
76: 80
66: 70
56: 60
46: 50
36: 40
26: 30
16: 20
6: 10
: 0
Age
0
100
200
300
400
500
600
700
800
900
Number of people

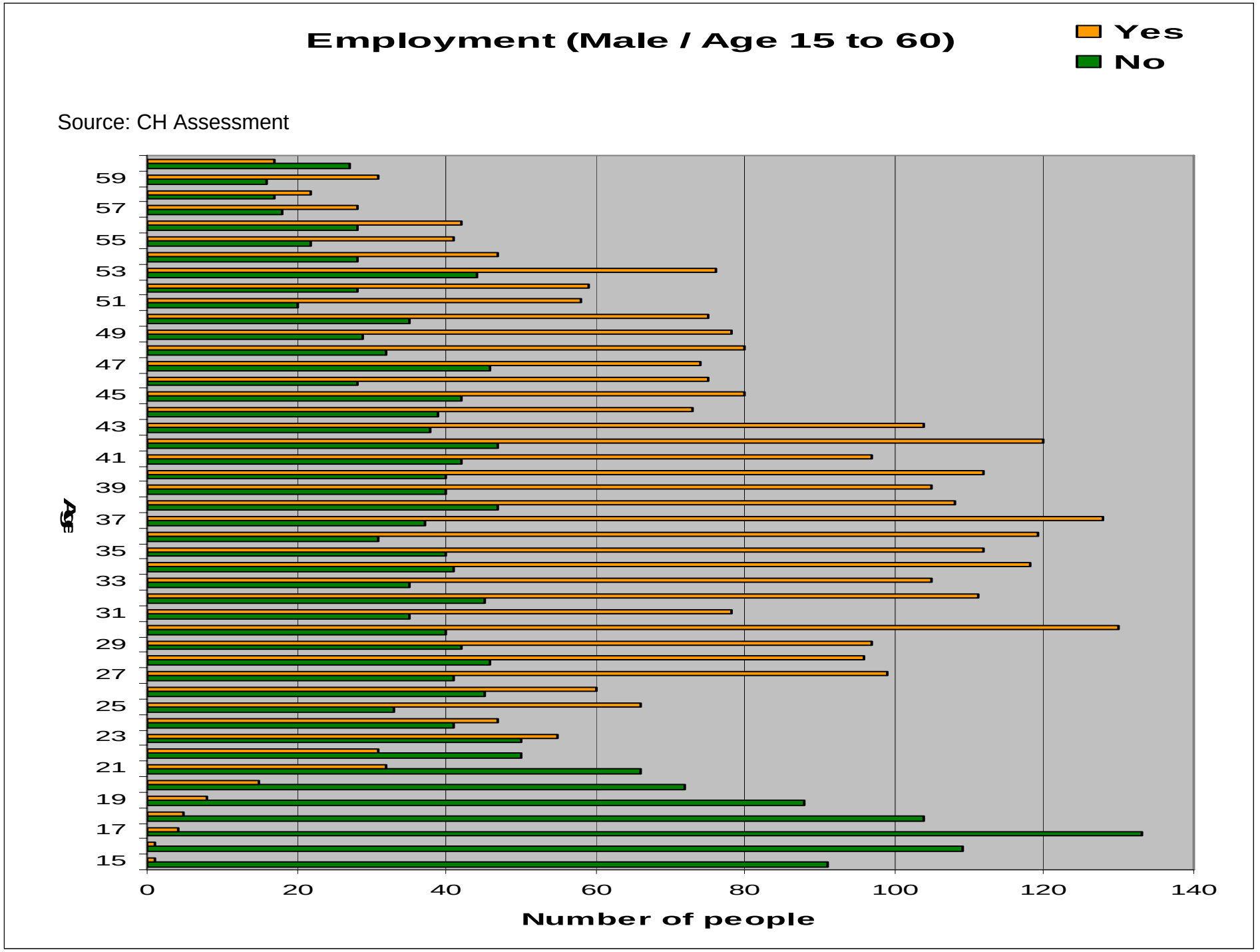
Population in Palau

Q6 Age	Female	Male	NA	Grand Total
: 0	38	55		93
1: 5	570	653		1223
6: 10	758	774		1532
11: 15	672	724		1396
16: 20	498	539		1037
21: 25	481	471		952
26: 30	653	696		1349
31: 35	644	720		1364
36: 40	687	767		1454
41: 45	581	682		1263
46: 50	521	552		1073
51: 55	401	423		824
56: 60	235	246		481
61: 65	186	179		365
66: 70	168	139		307
71: 75	132	102		234
76: 80	126	54		180
81: 85	62	45		107
86: 90	44	19		63
91: 95	12	5		17
96:100	5	3		8
(blank)	116	114	729	959
Grand Total	7590	7962	729	16281

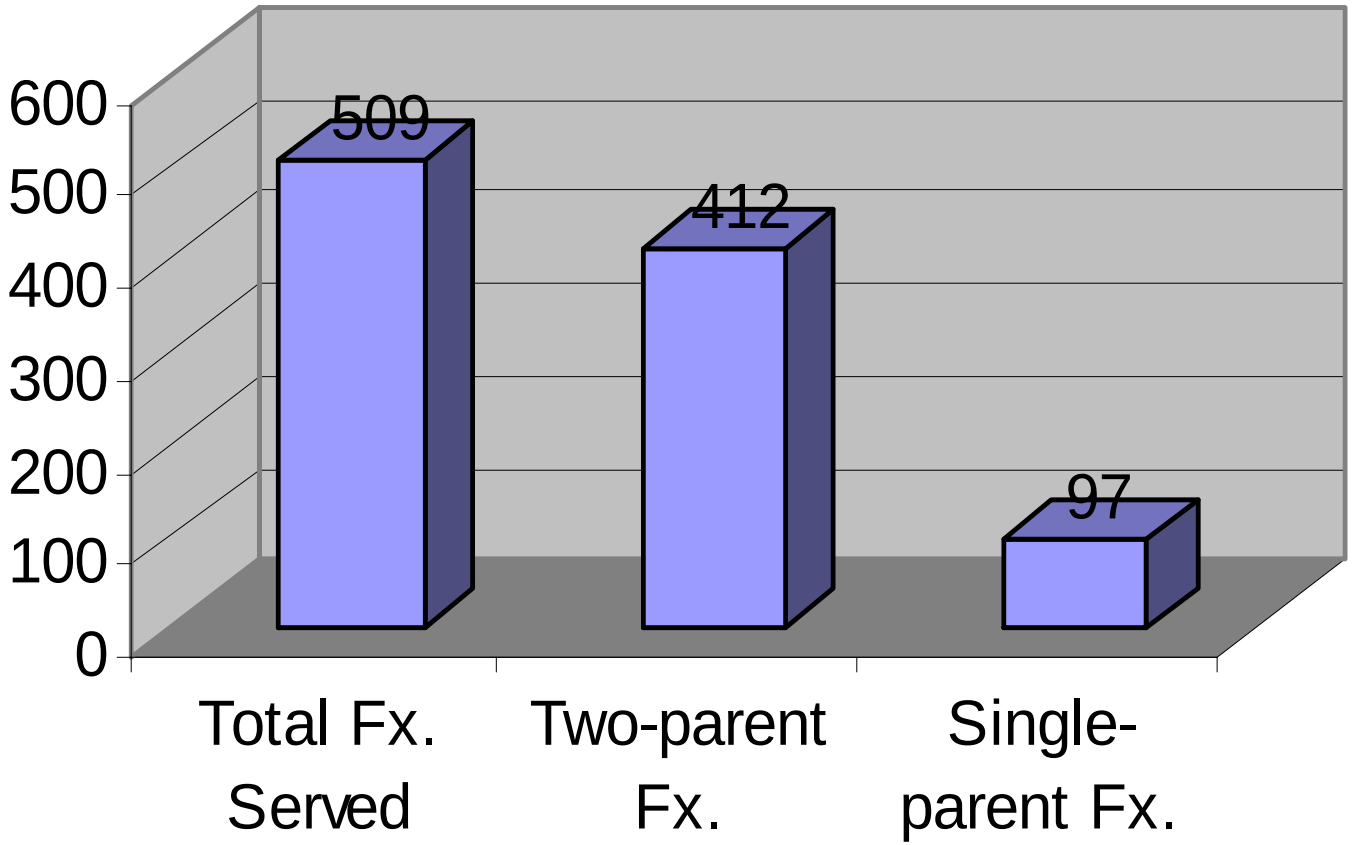
Employment (Femal / Age 15 to 60)

Source: CH Assessment



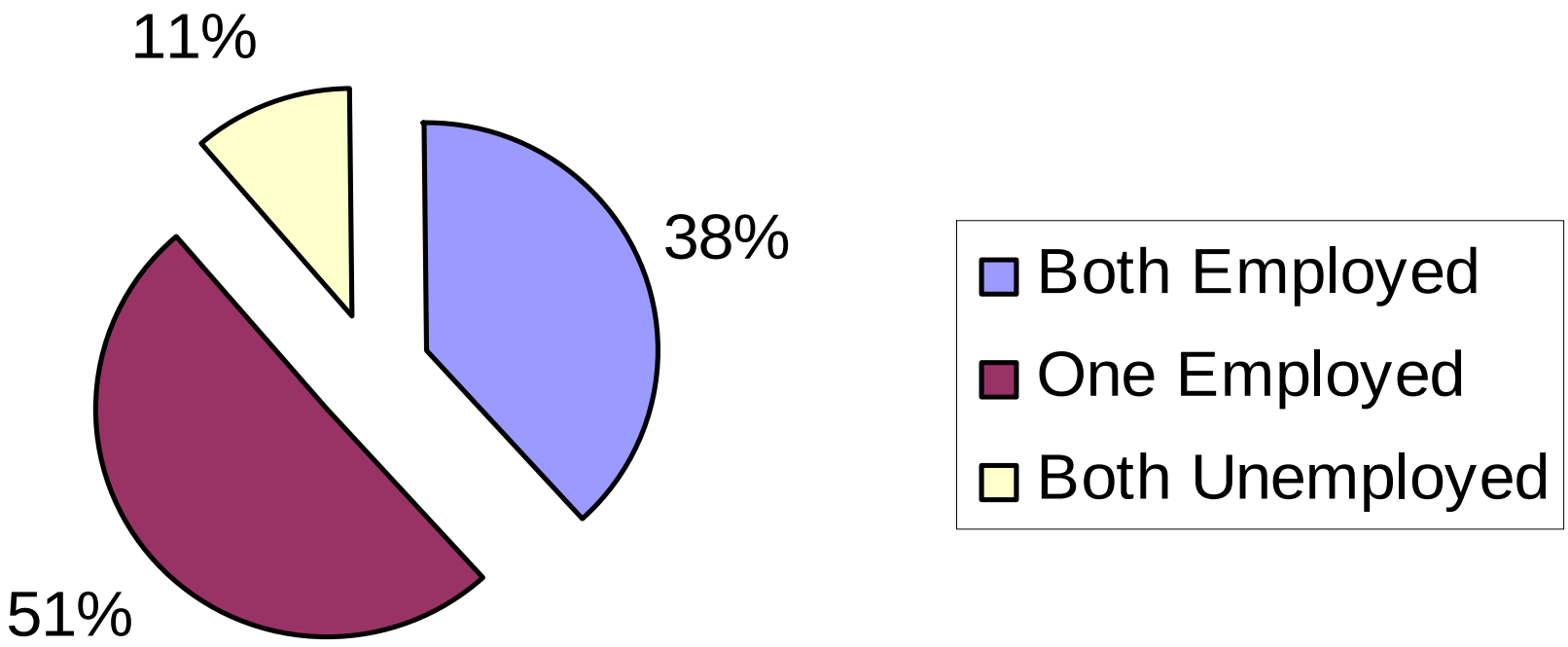

Employment (Male / Age 15 to 60)
Yes
No
Source: CH Assessment
Age
59
57
55
53
51
49
47
45
43
41
39
37
35
33
31
29
27
25
23
21
19
17
15
0
20
40
60
80
100
120
140
Number of people

Head Start Program - (Sept. 2003 to Aug. 2004) Report by Number of Families served



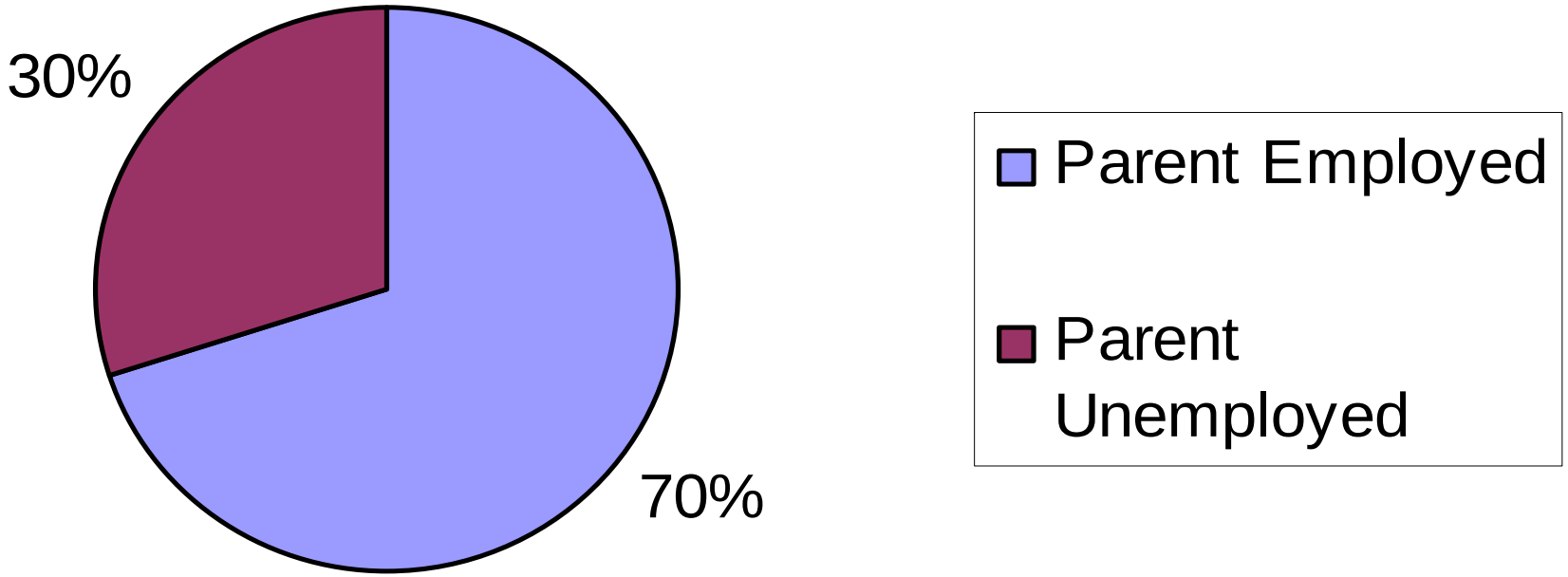
Source: Belau Head Start Program Progress Report – Sept. 2003 to Aug. 2004

Employment Status (Two-Parent Families)



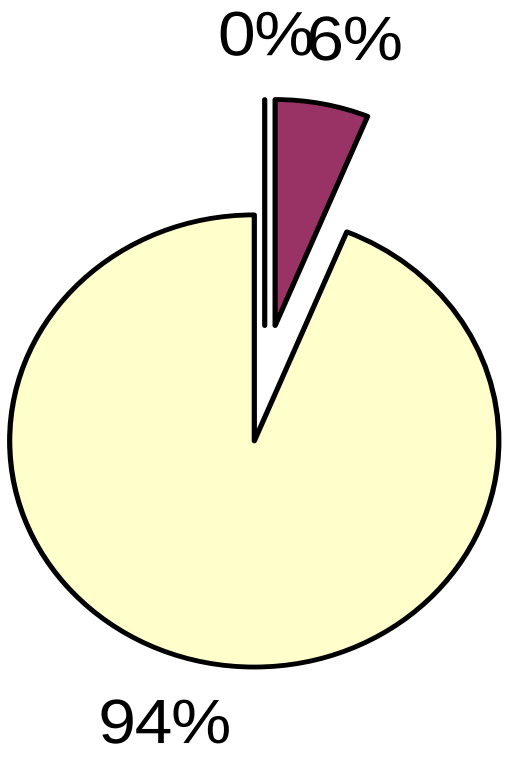
Source: Belau Head Start Program Report (9/2003 – 8/2004

Employment Status (Single-Parent Families)



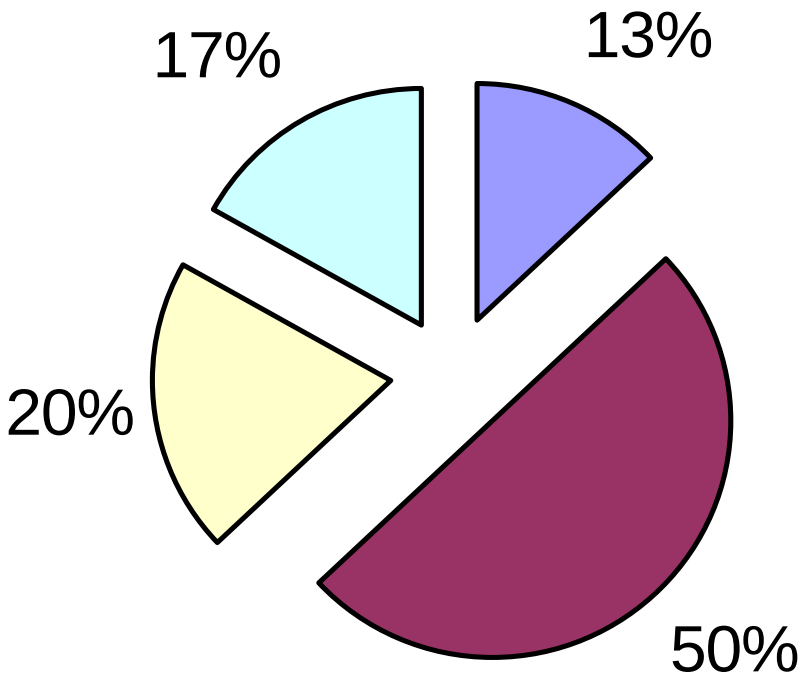
Source: Belau Head Start Program Report (9/2003 to 8/2004)

Job Training/School (Two-Parent Families)



Source: Belau Head Start Program Report (9/2003 -8/2004)

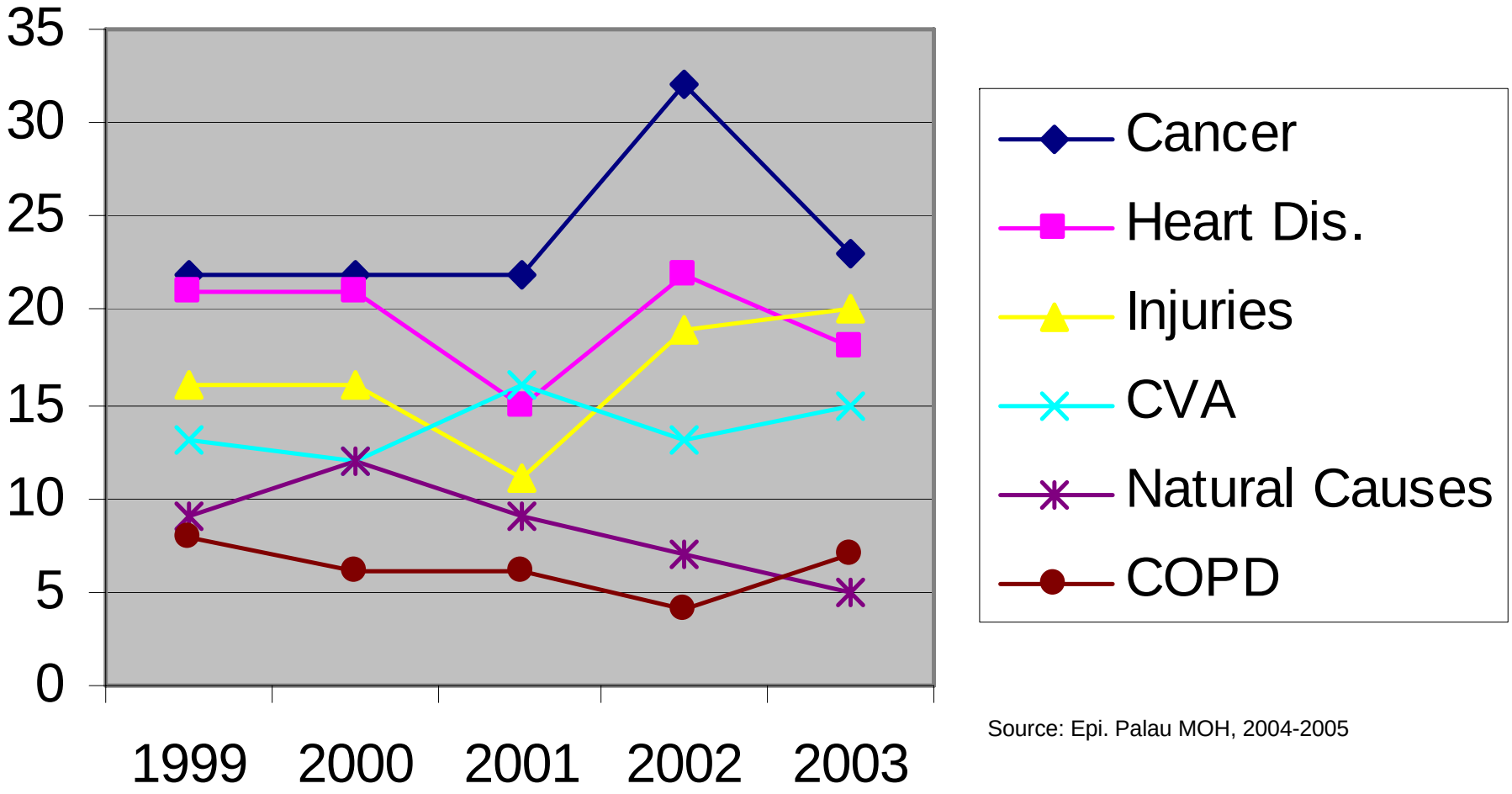
Highest Level of Education



- Less than high school graduate
- High school graduate or GED
- Some College/vocational/AS
- BS/A or advanced

Source: Belau Head Start Program Report (9/2003 - 8/2004)

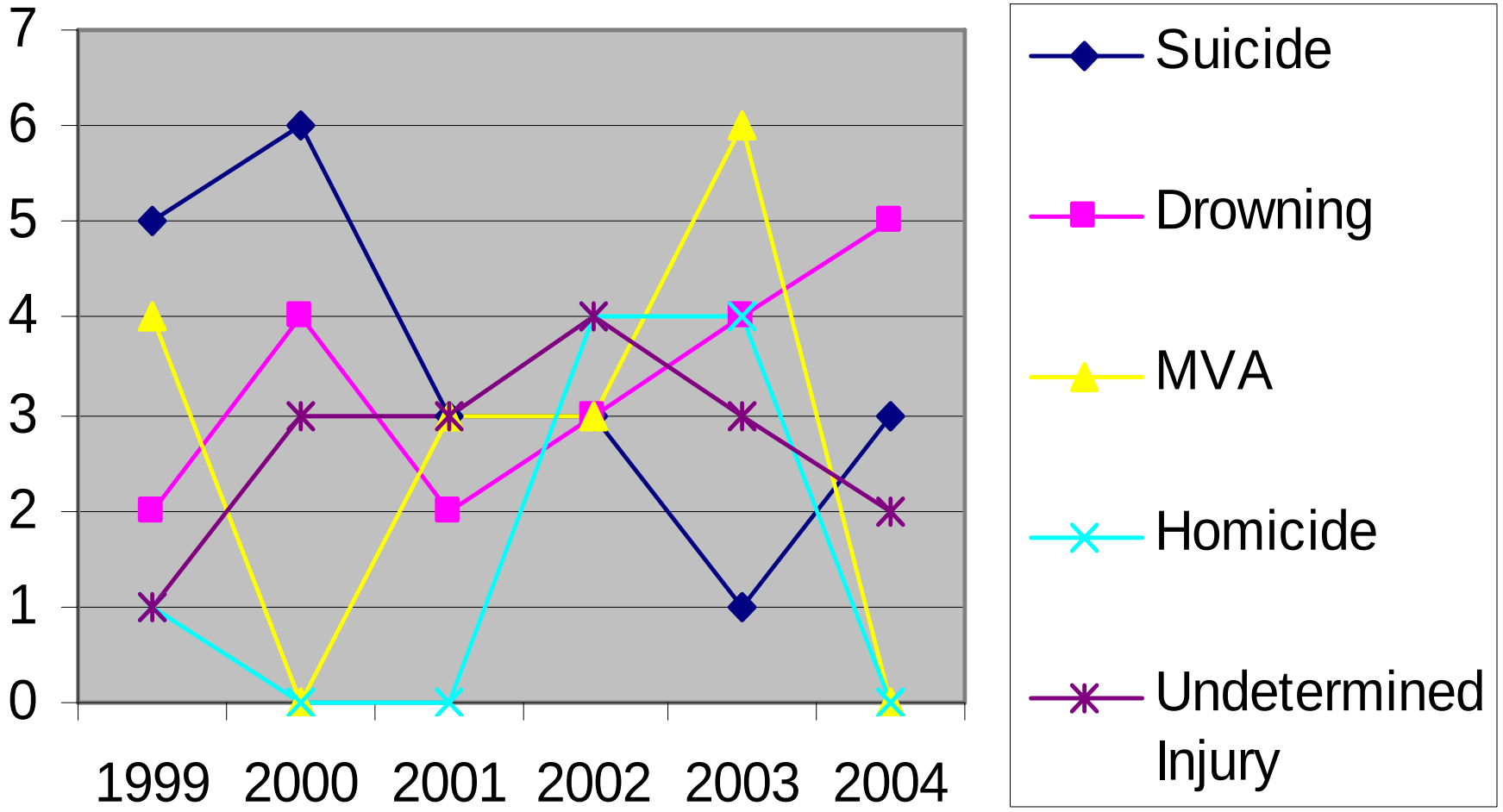
Top 5 Causes of Death-5 Year Trends for 1999-2003



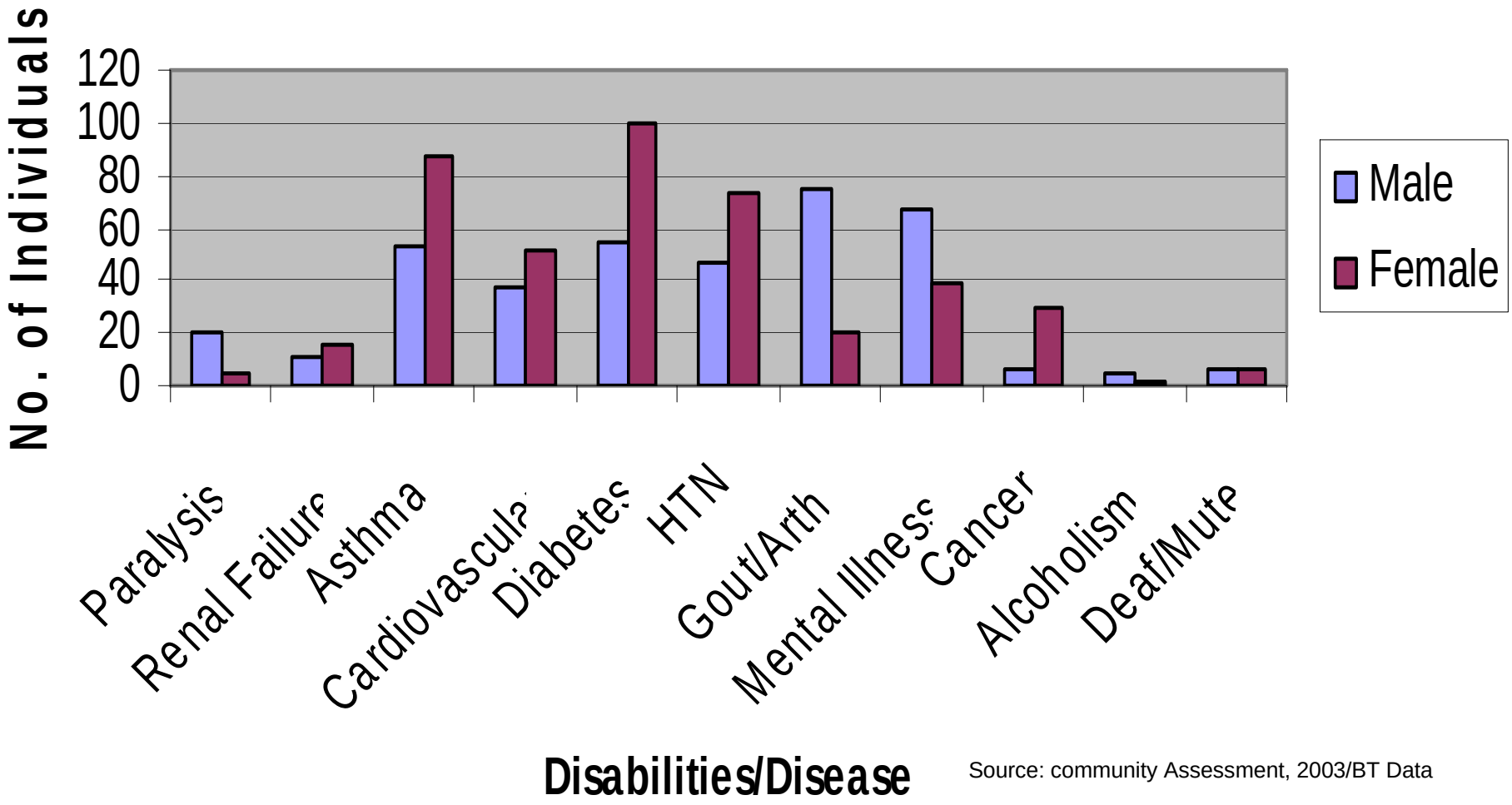
Source: Epi. Palau MOH, 2004-2005

Top 5 Injury Deaths-6 Year Trends for 1999-2004

Source: Epi.,Palau MOH 2005

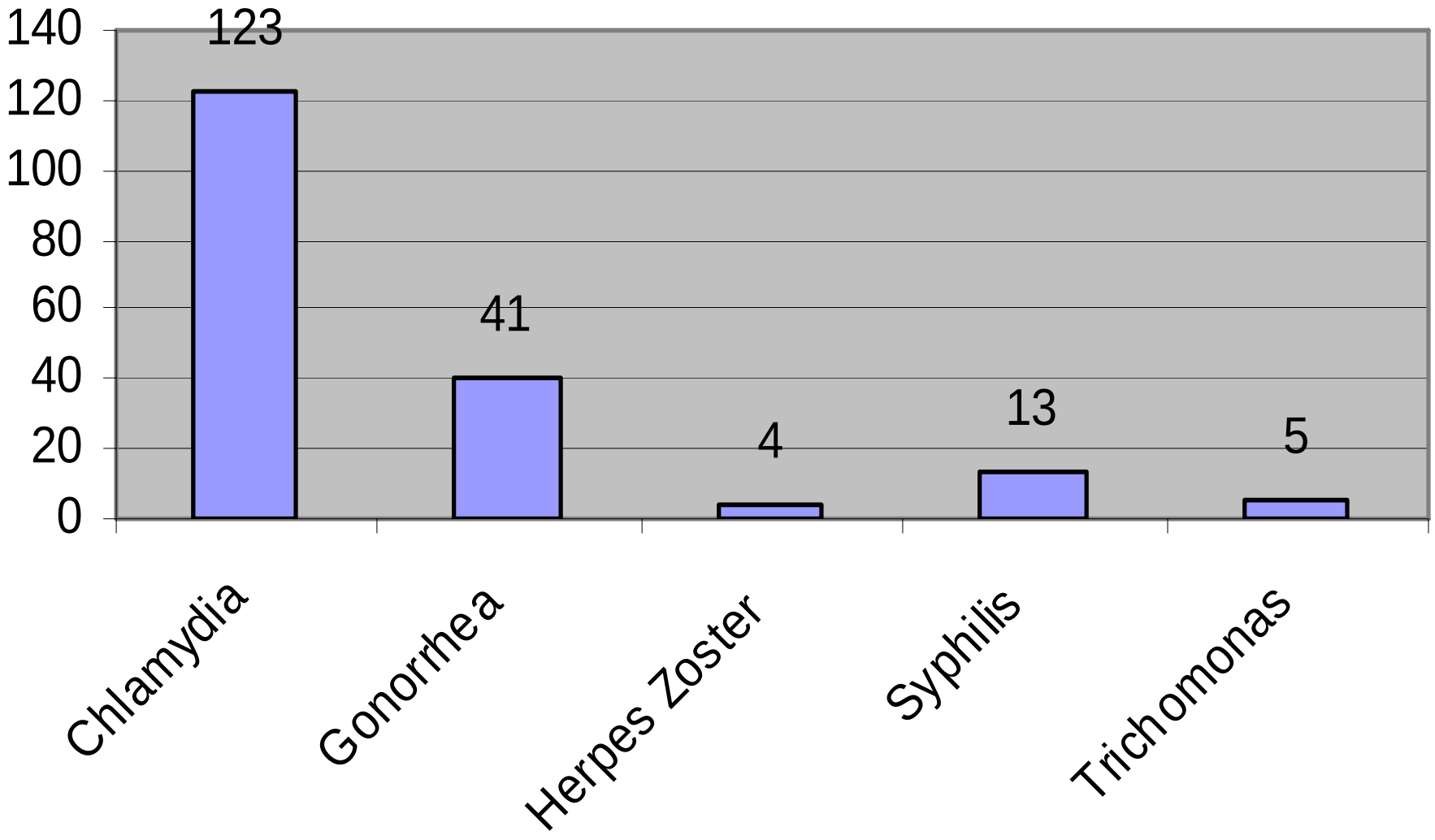


Q16A Top Disability Type-Community Assessment 2003 (ages 15 to 50)

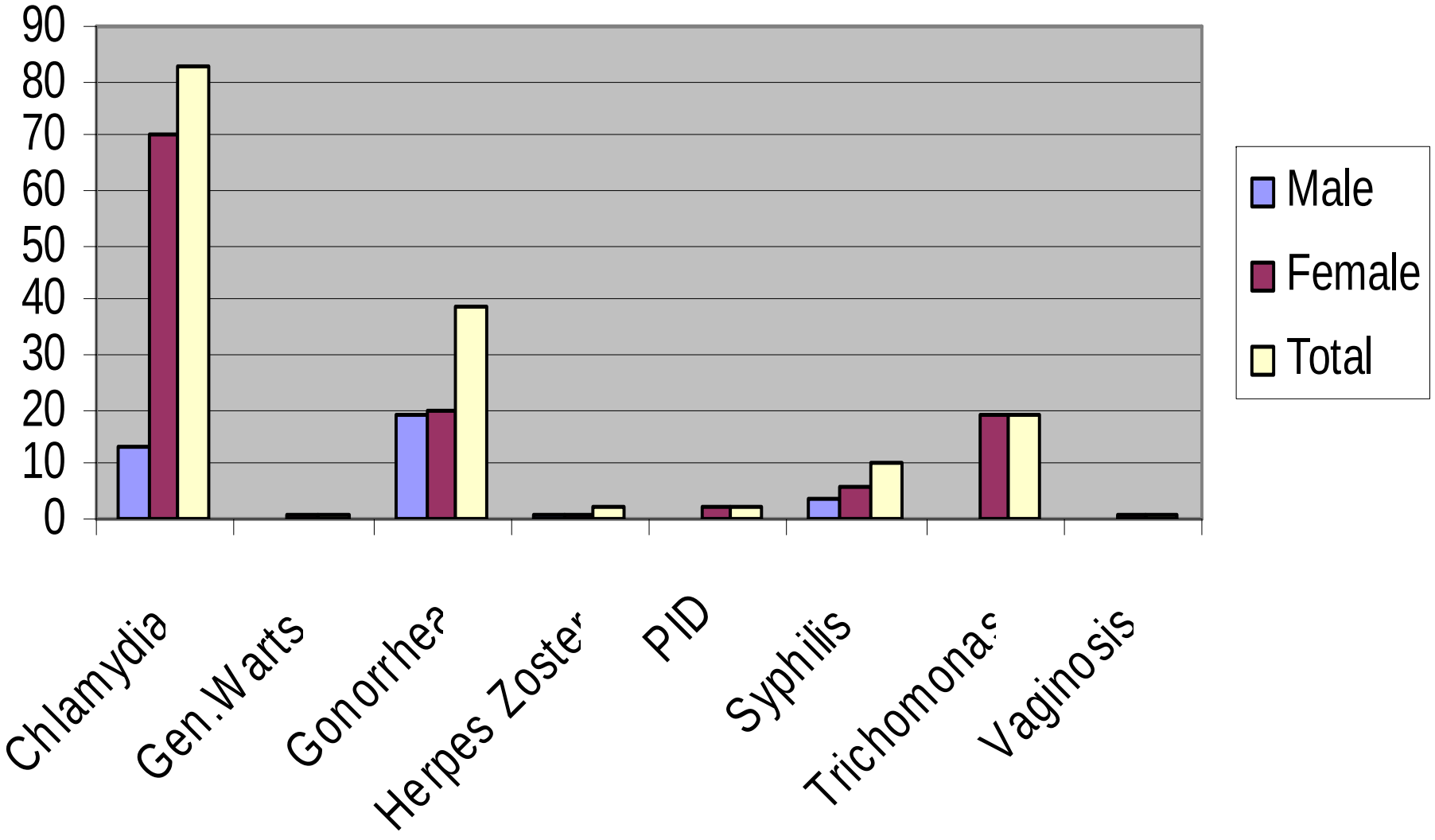


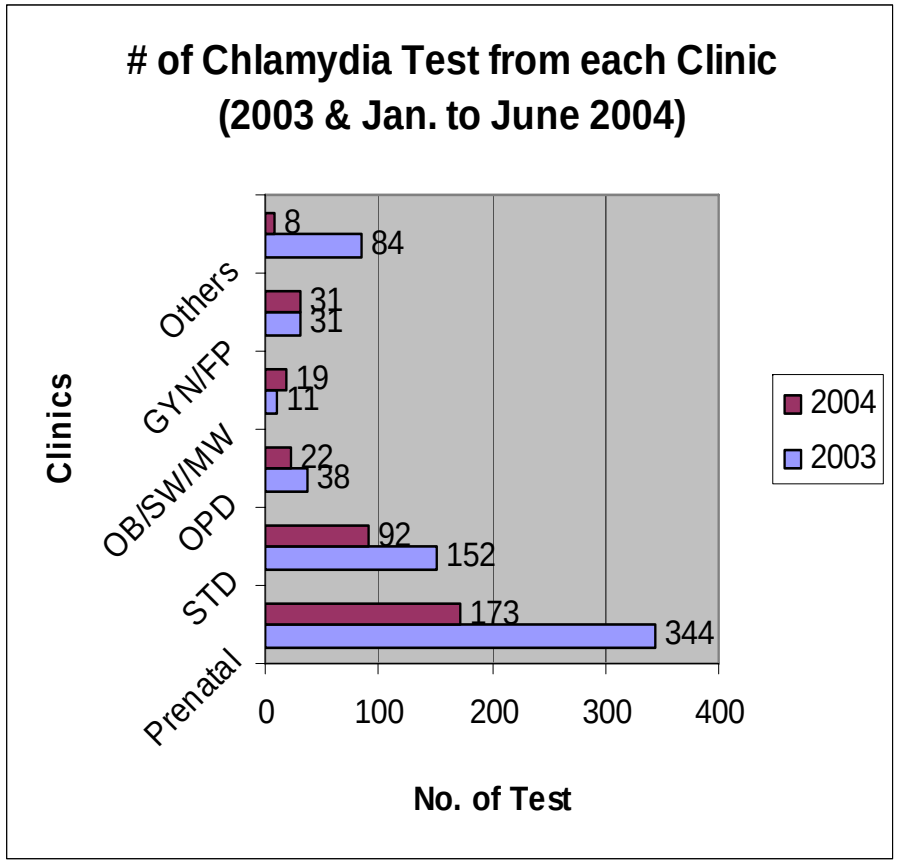
Source: community Assessment, 2003/BT Data

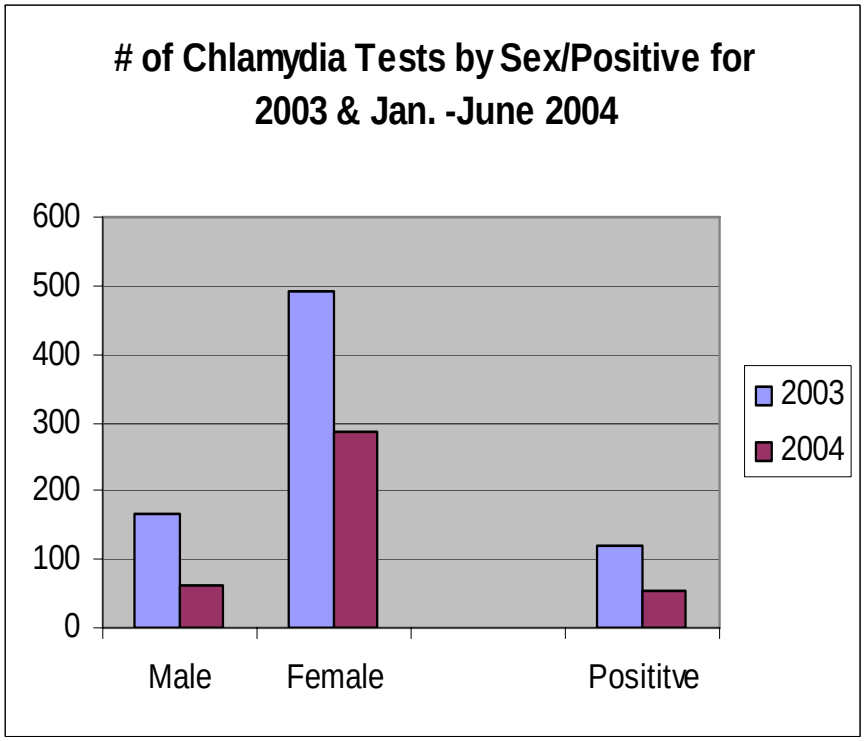
2003 CMR - # of Confirmed Cases



2004 CMR - # of Confirmed Cases

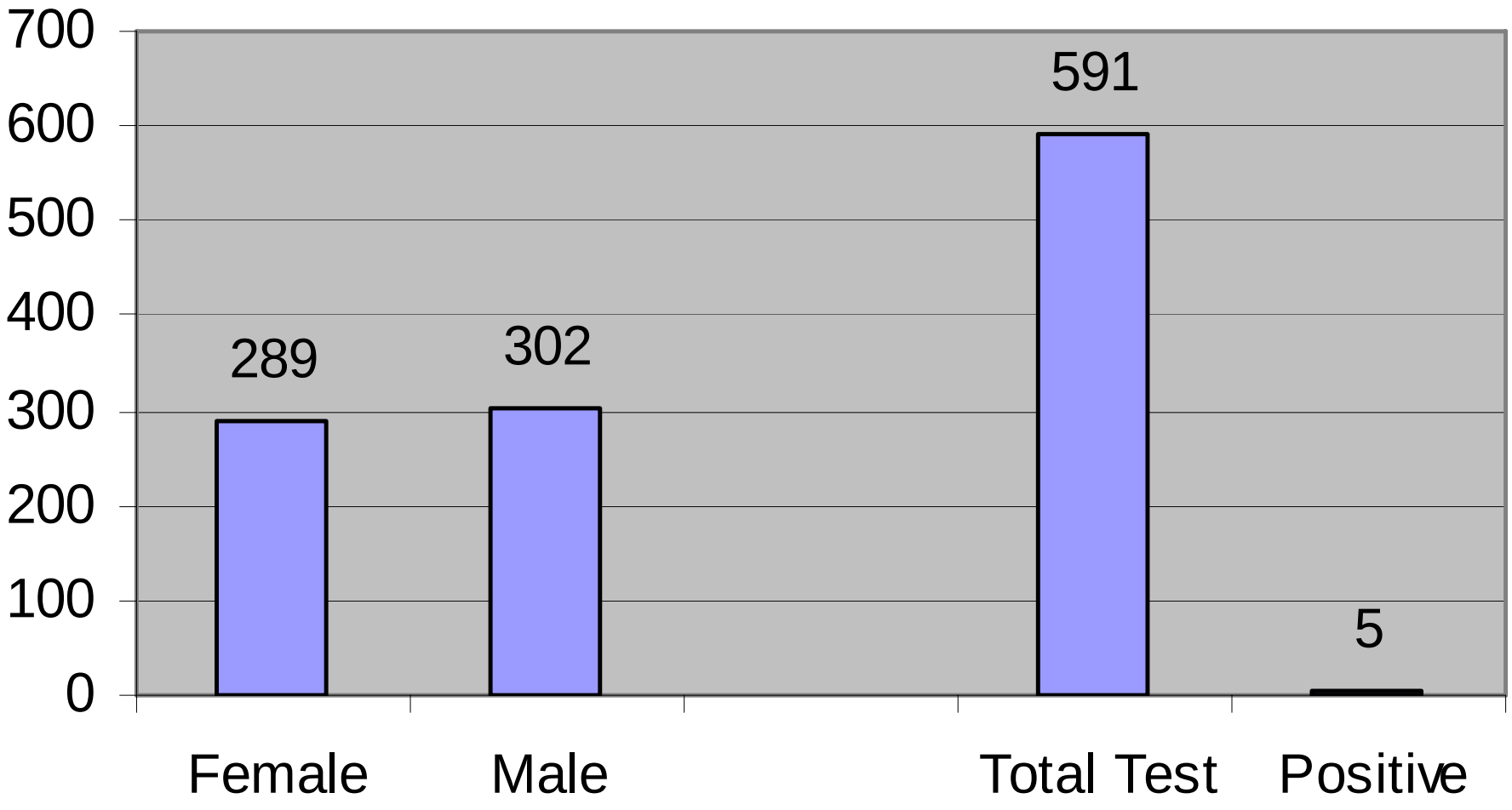






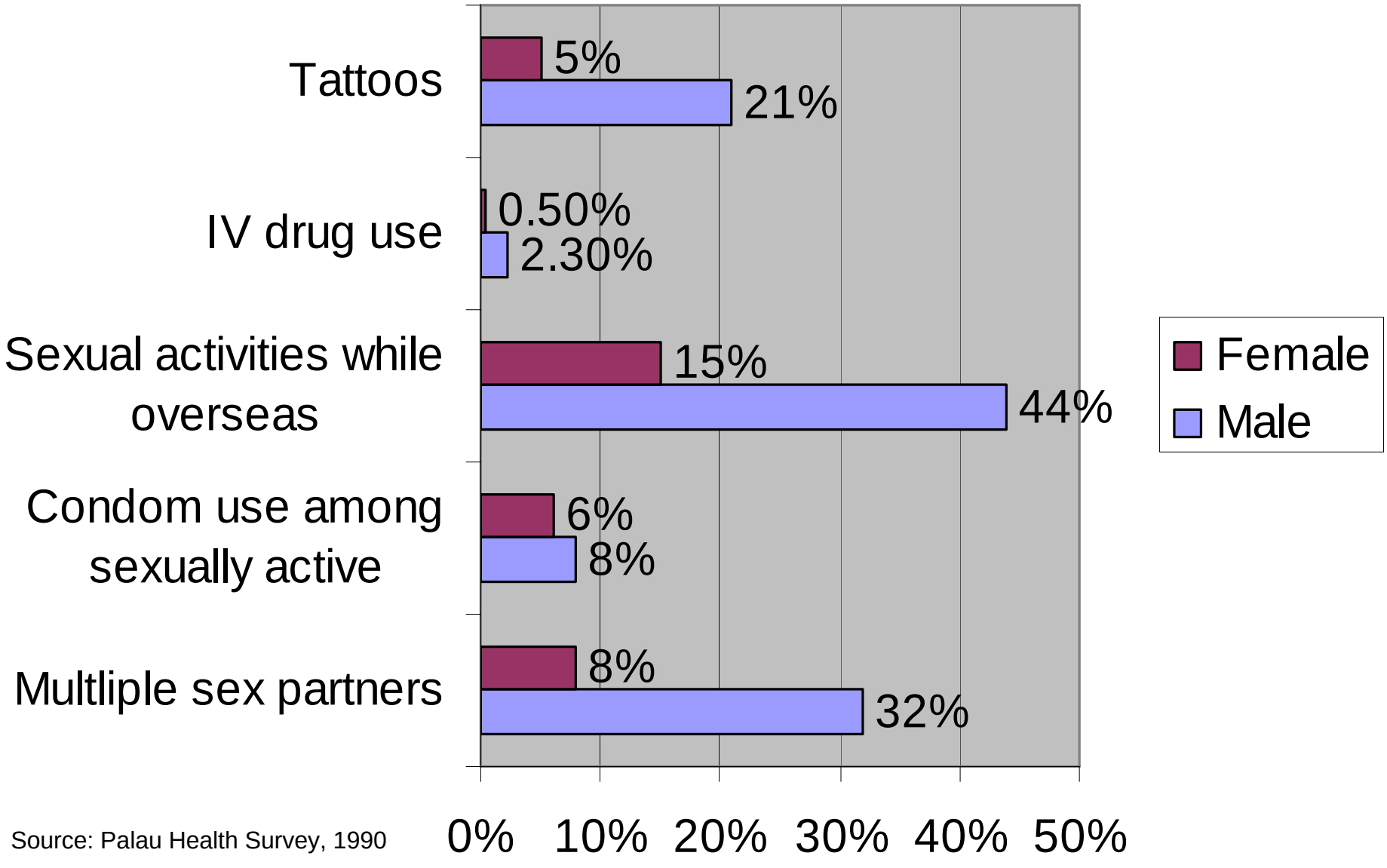
Source: PH CMR, 2003 & Jan. to June 2004

of HIV Test by Sexes/Positive from Jan. to June 2004



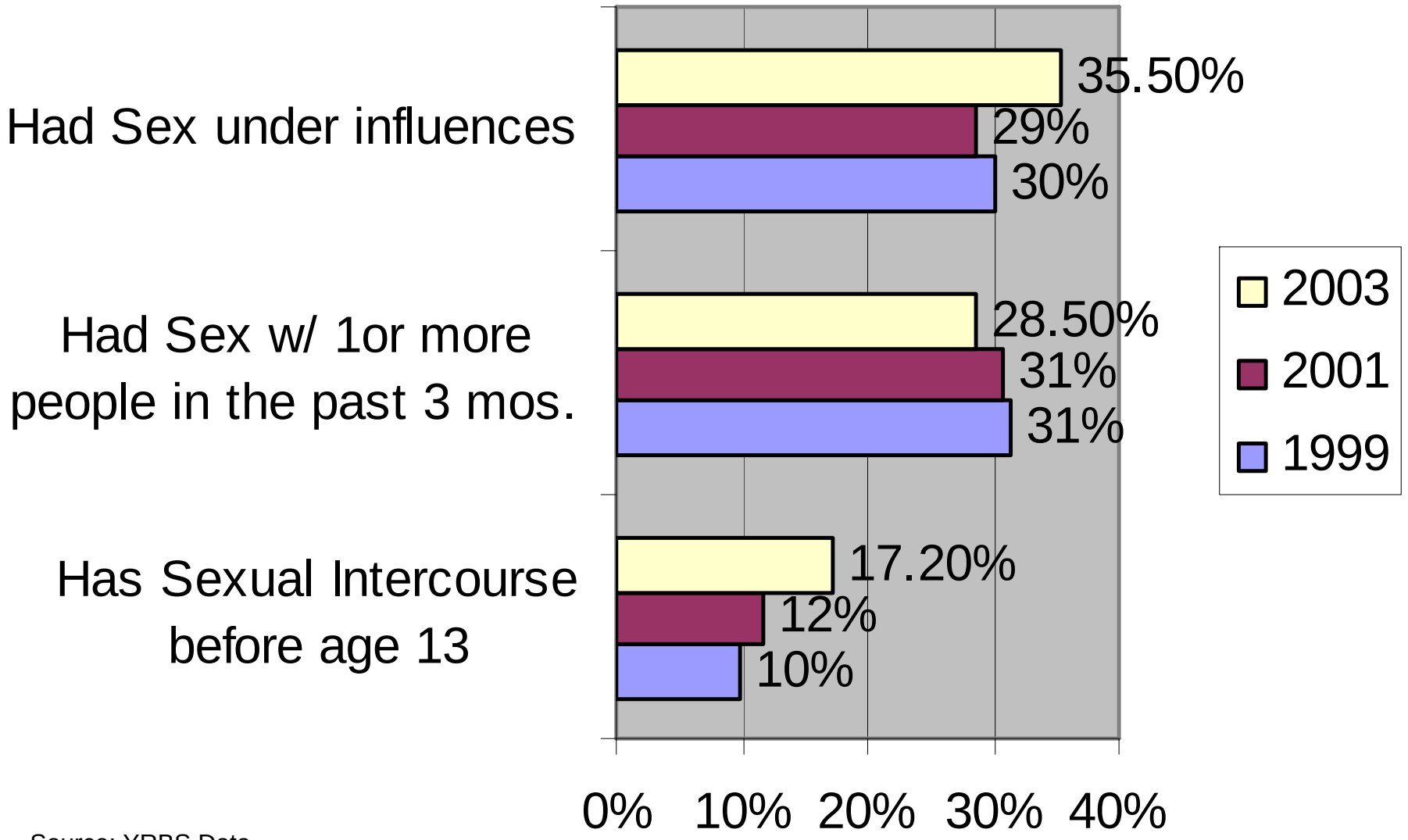
Source: Bureau of Public Health

Risk Behaviors among Adults



Source: Palau Health Survey, 1990

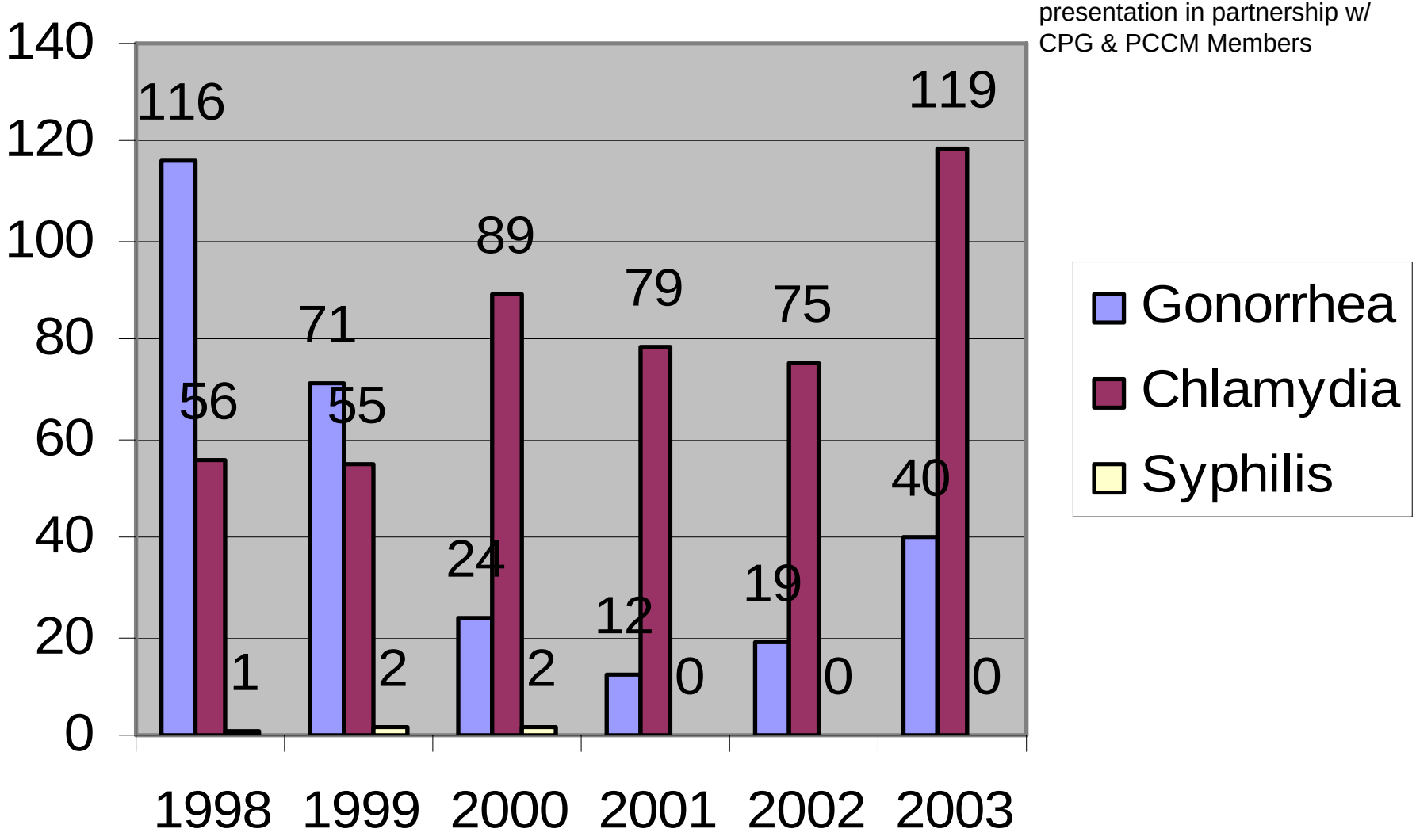
Risk Behaviors Among Adolescents



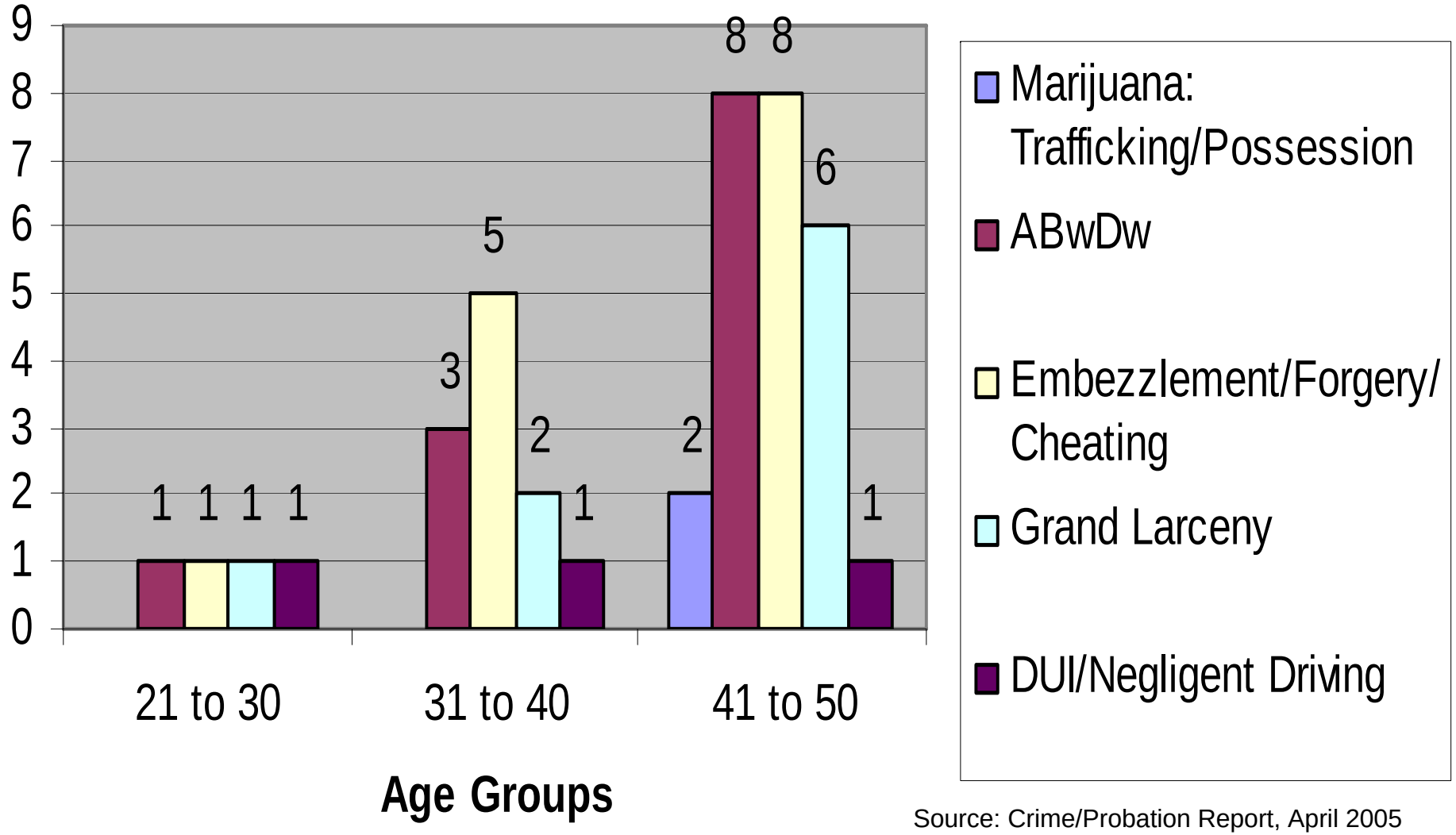
Source: YRBS Data

STDs in Palau: 1998 to 2003

Source: MOH HIV/AIDS presentation in partnership w/ CPG & PCCM Members

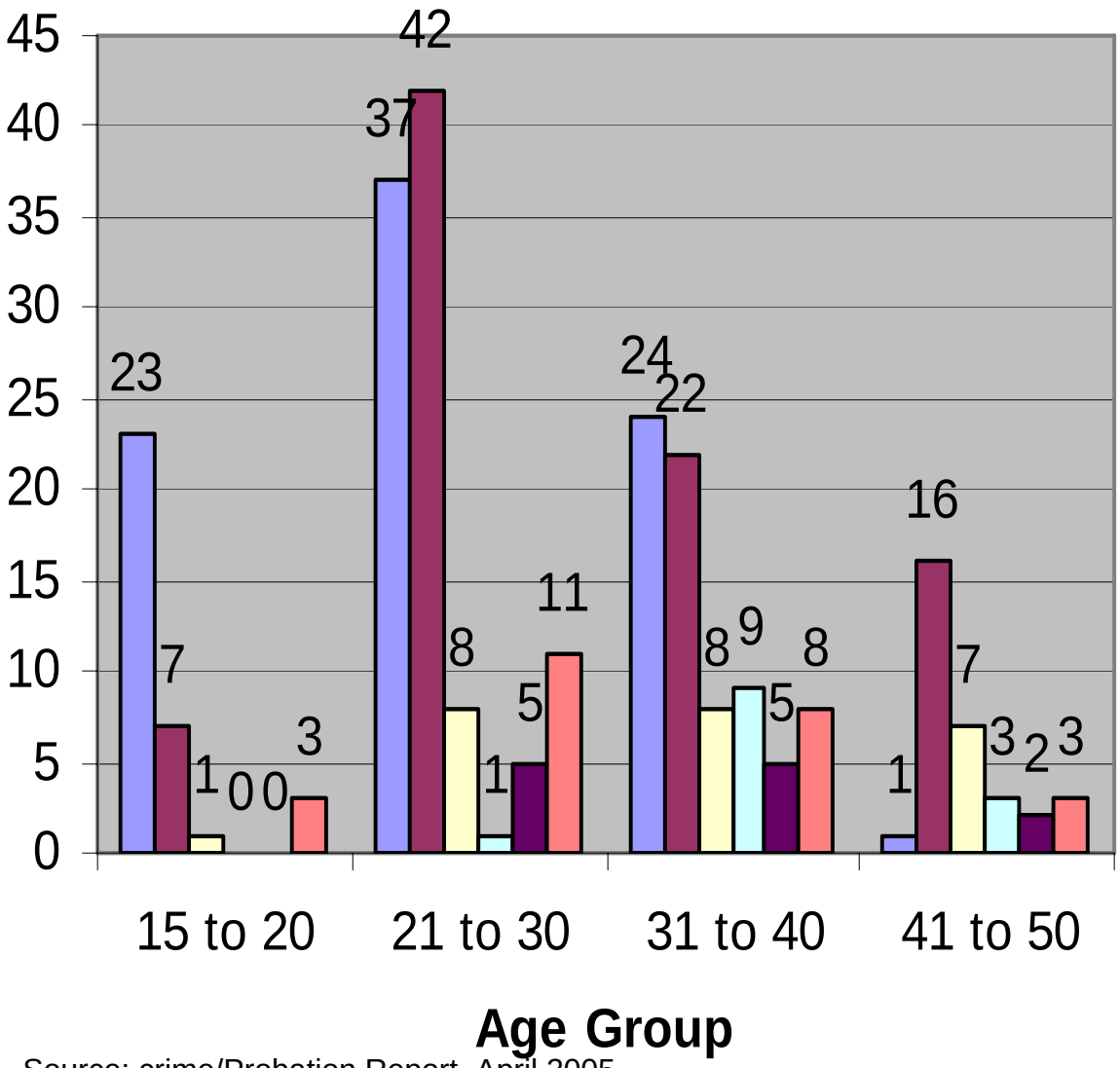


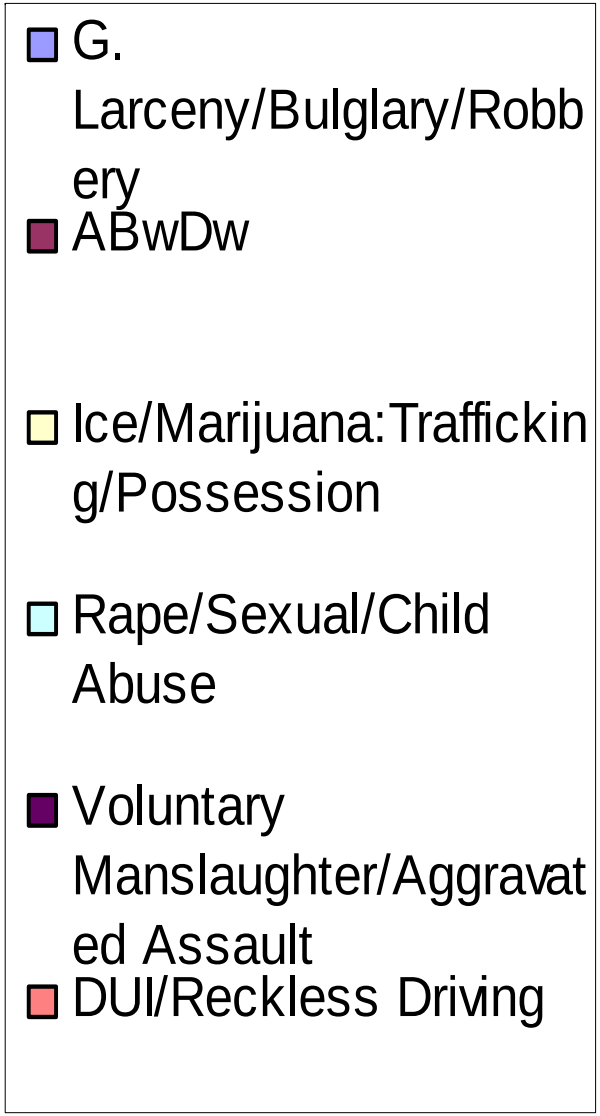
Female Crime Report by Age Group (April 2005)



Source: Crime/Probation Report, April 2005

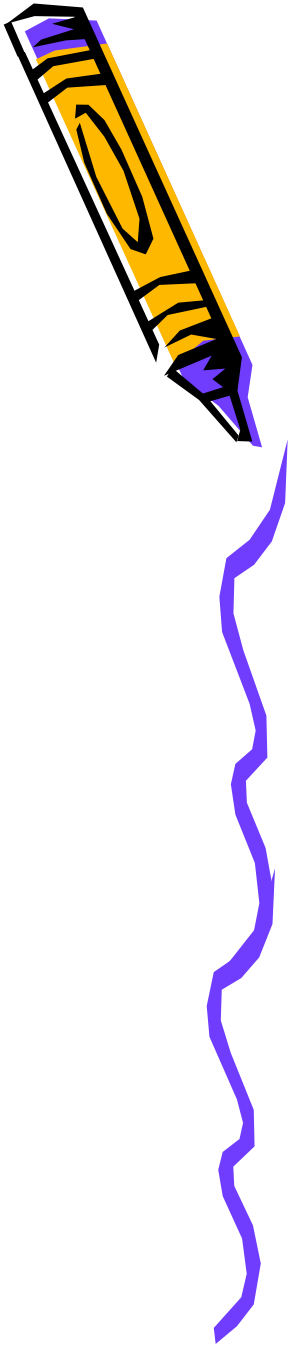
Male Crime Report by Age Group (April 2005)





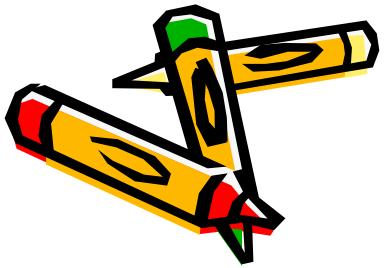
Source: crime/Probation Report, April 2005

Needs Assessment
Age 0-5 years old



Members:

Dr. Bechesrrak
Jouaquina Ulengchong
Akilina Tewid
Marjorie Kinto
Ellenda Rengolbail



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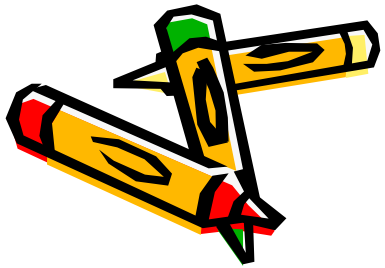
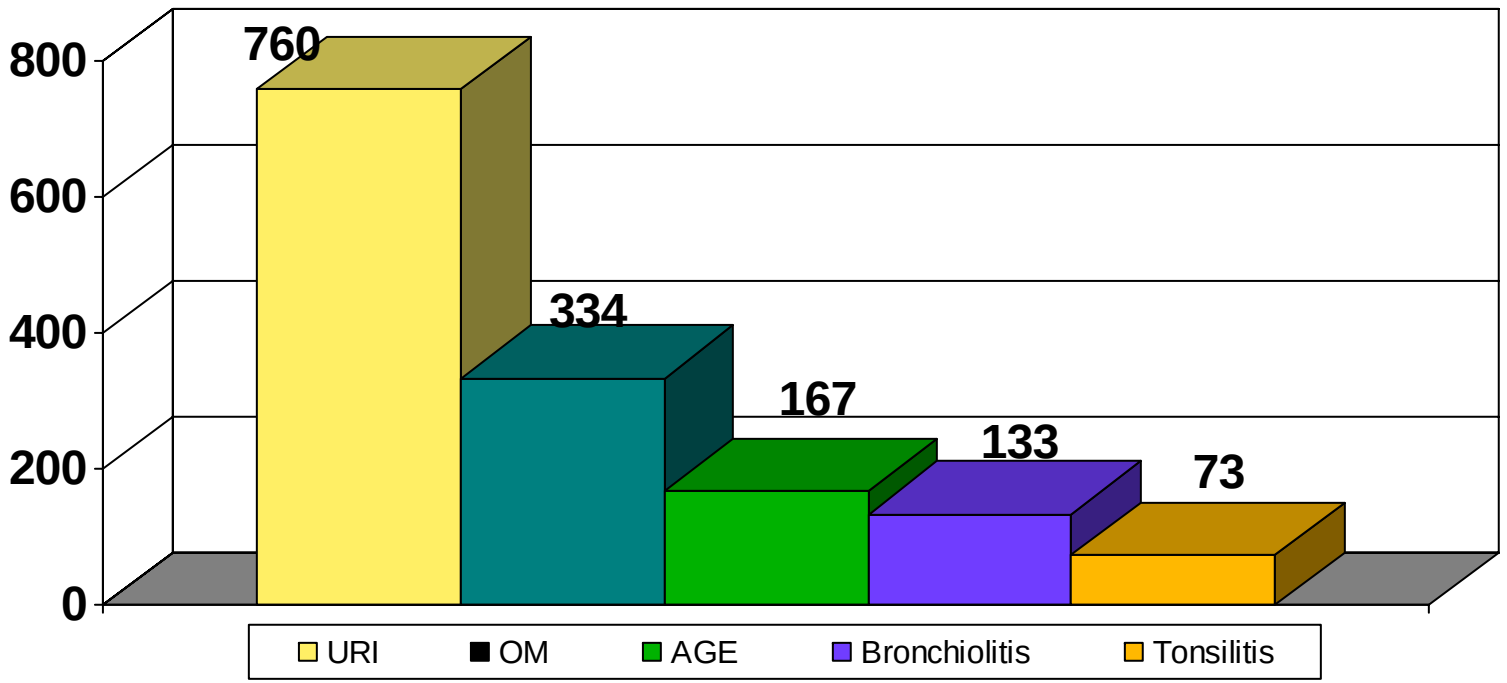
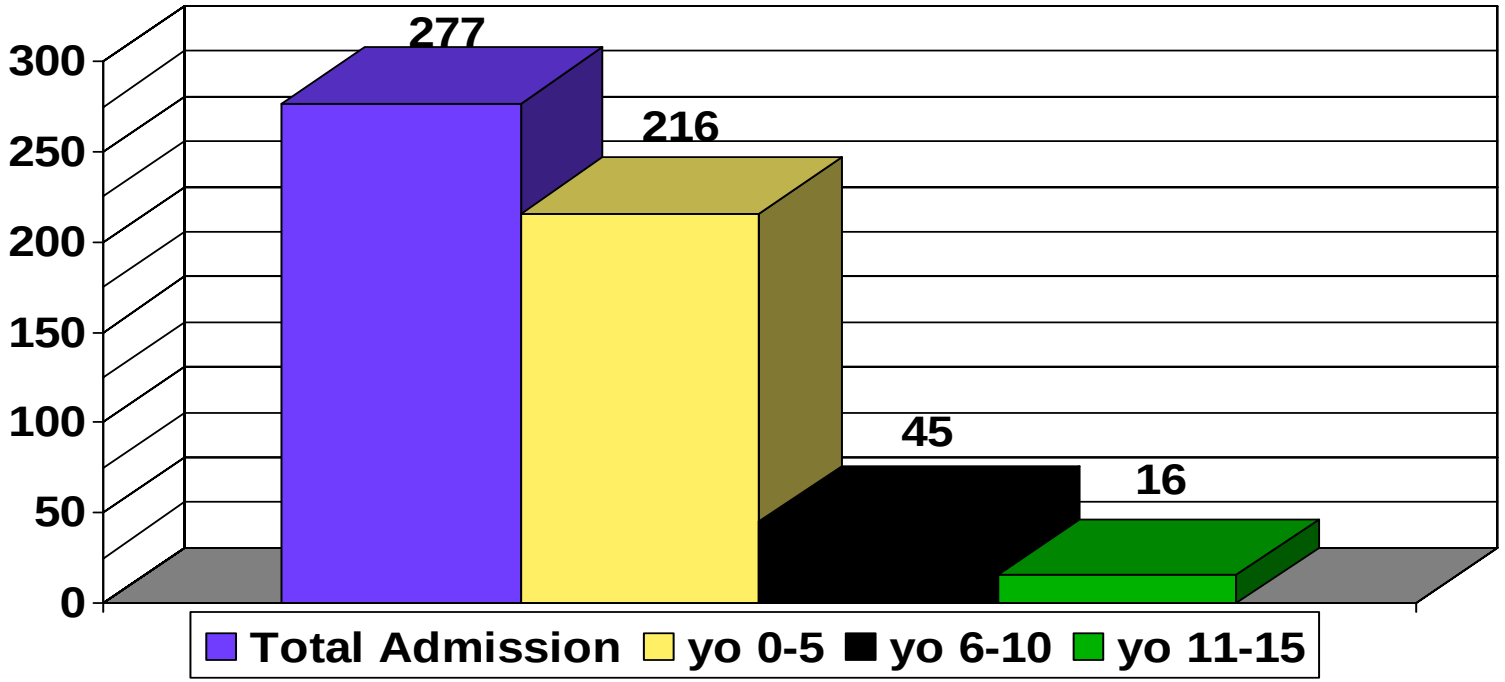


Top 5 diagnosis (OPD) 0-5 yr.old, 2004



Pediatric Admission by Age Group Pediatric Ward,BNH, 2004.

(Source: HIS Encounter Database, MOH)



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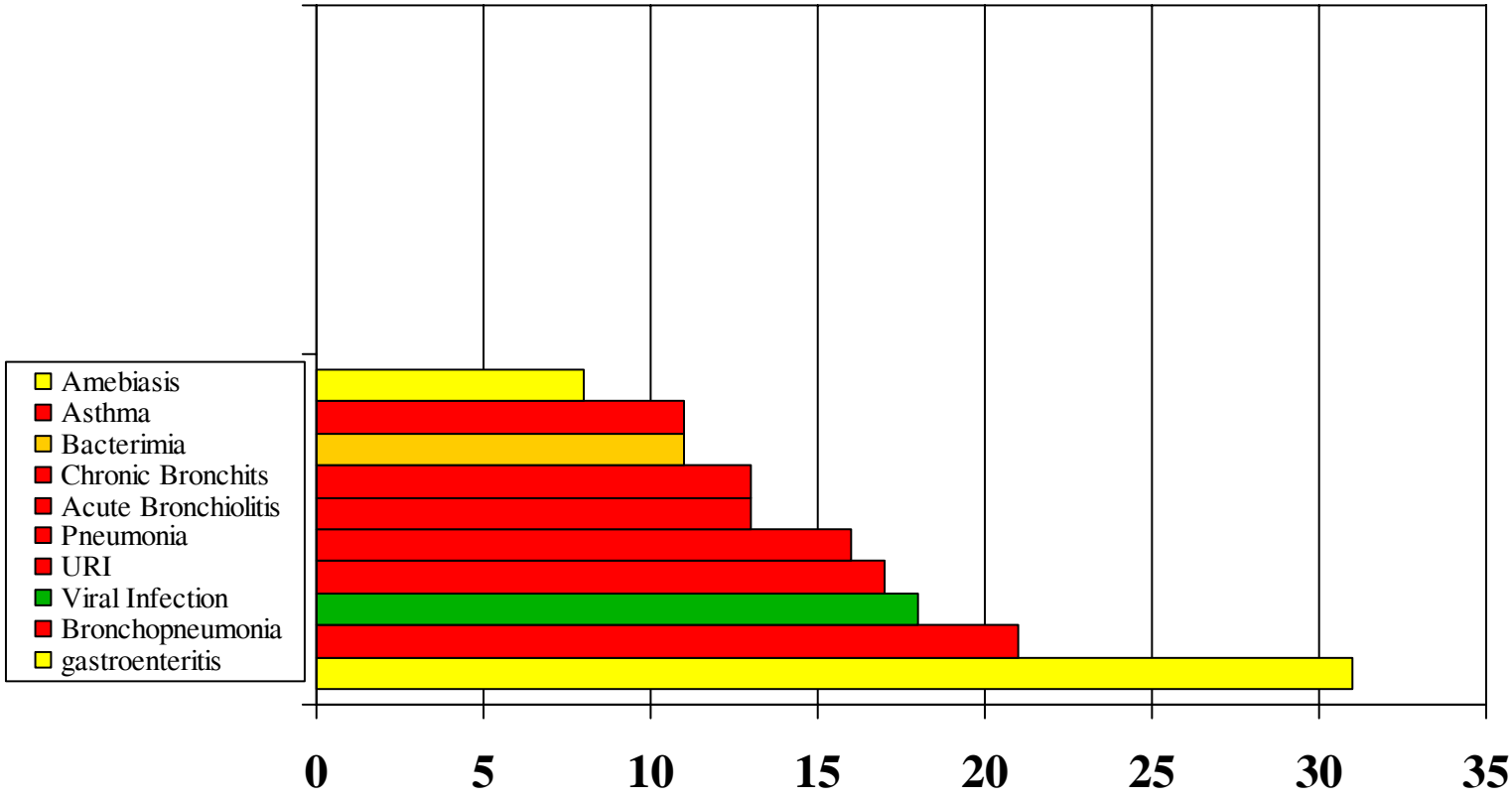
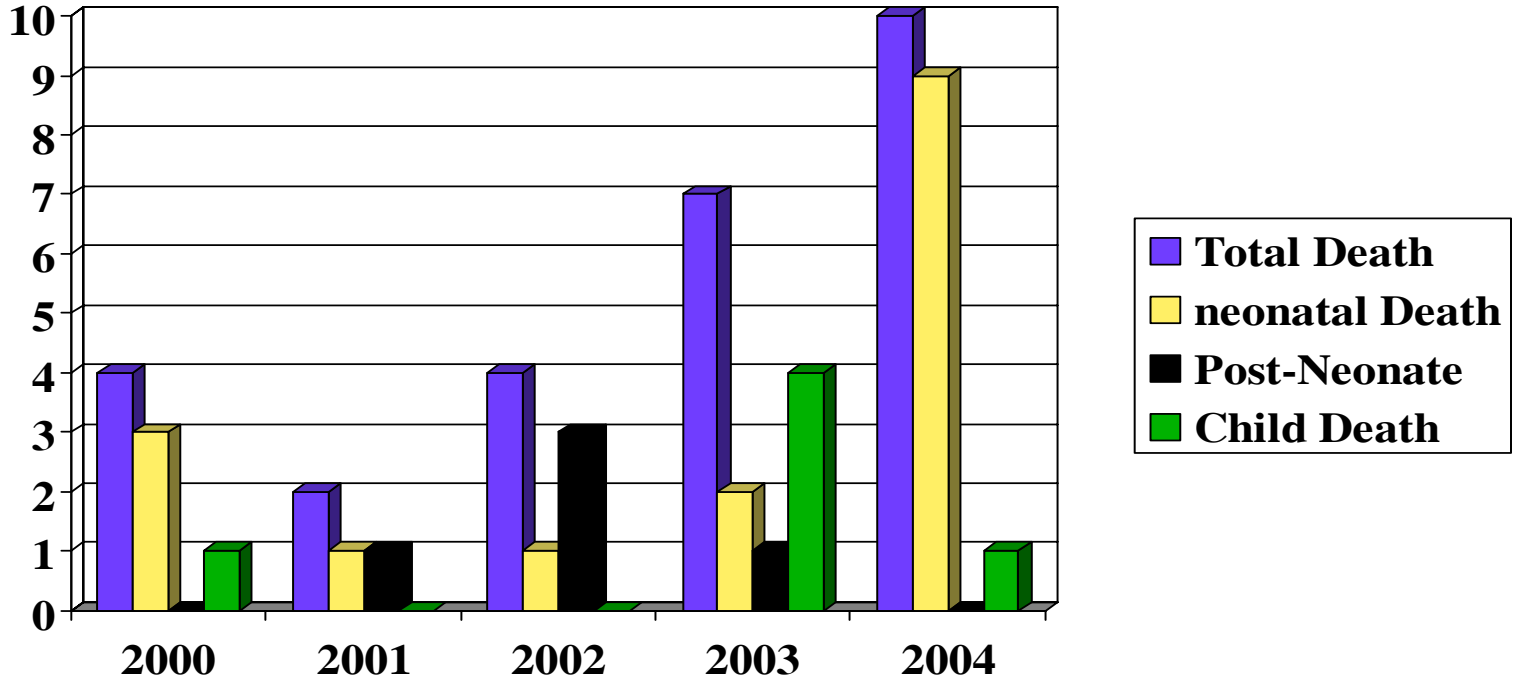


Source HIS encounter Data Base, MOH, ROP)

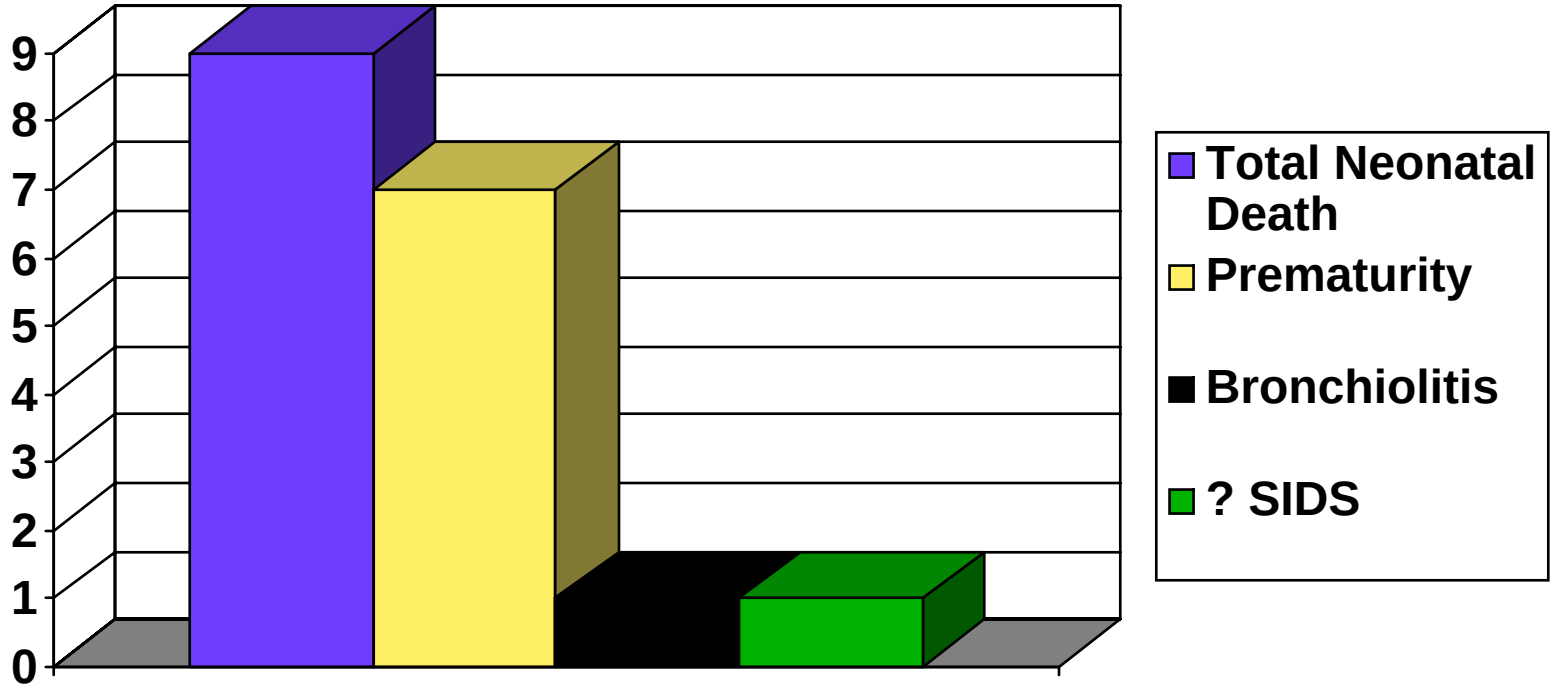
Pediatric Death 2000-2004

(Source BNH, Death Certificate,2000-2004)



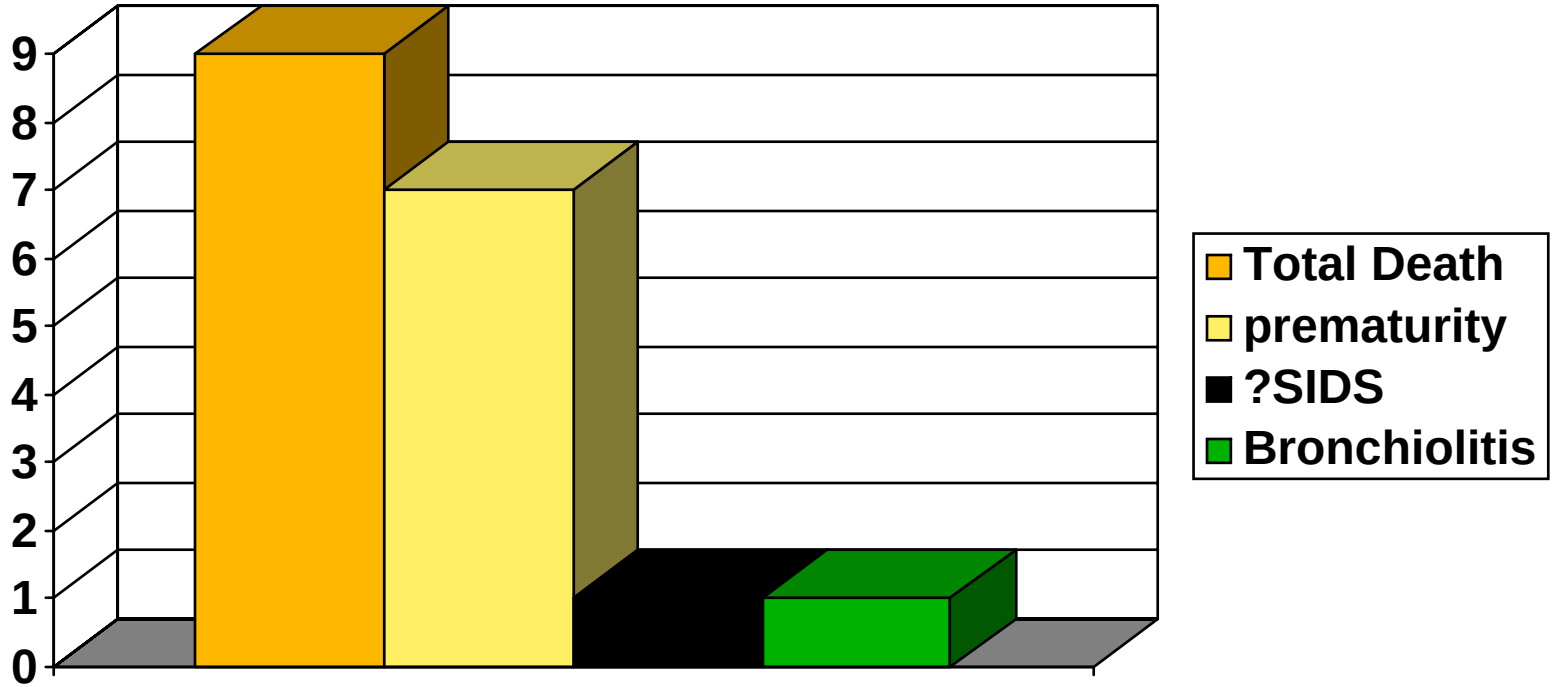
Cause of Neonatal Death, BNH, 2004

(Source: BNH, Death Certificate 2004)



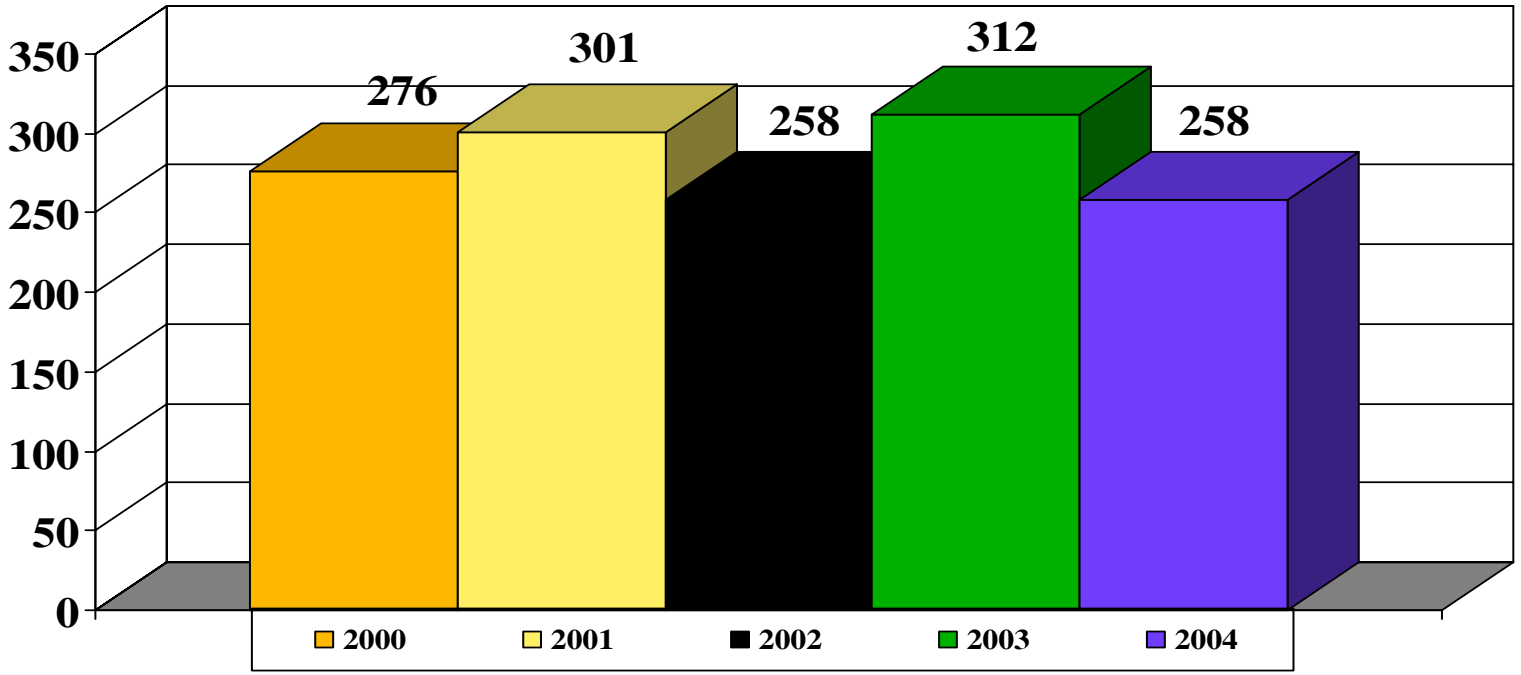
Cause of Death 0-5 yo. BNH, 2004

(Source: Death Certificate 2004, BNH)



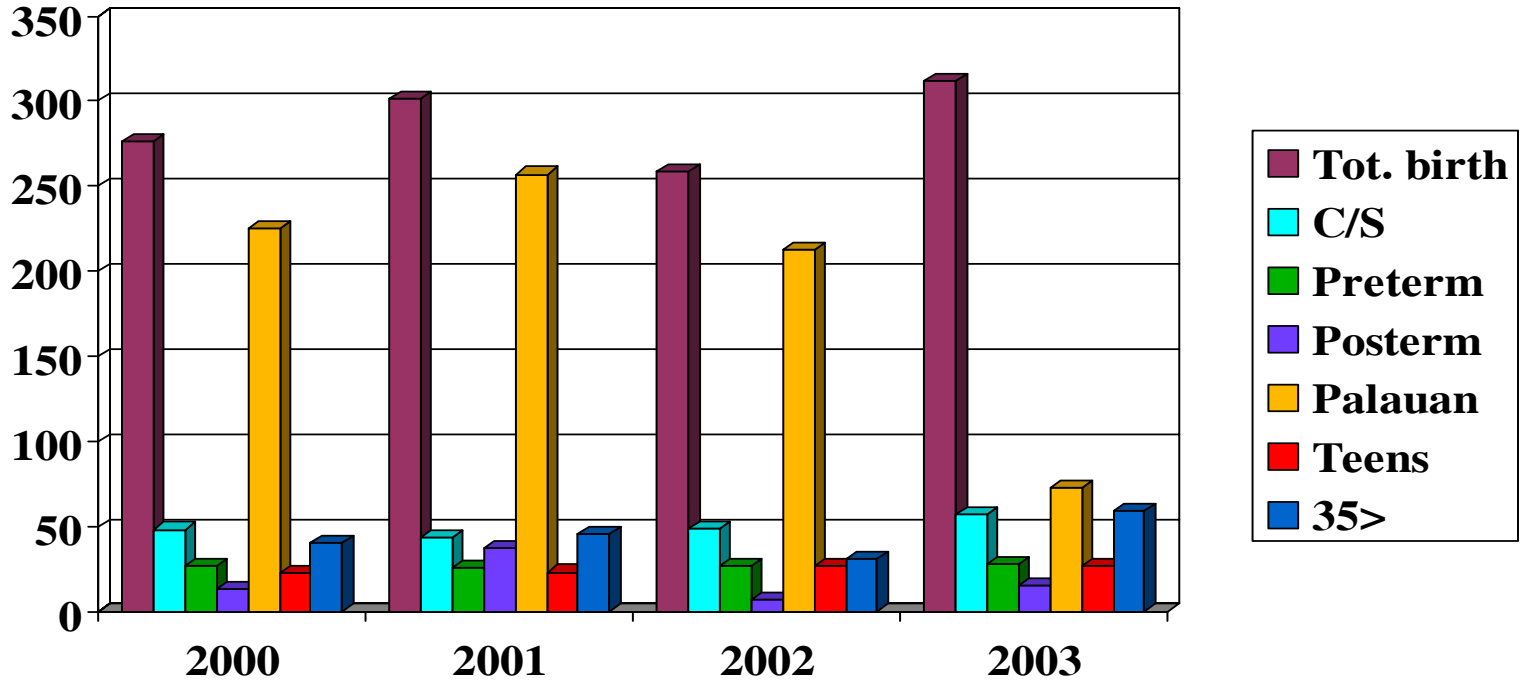
BNH Total Deliveries

(Source BNH, OB Log Book 2000-2004)



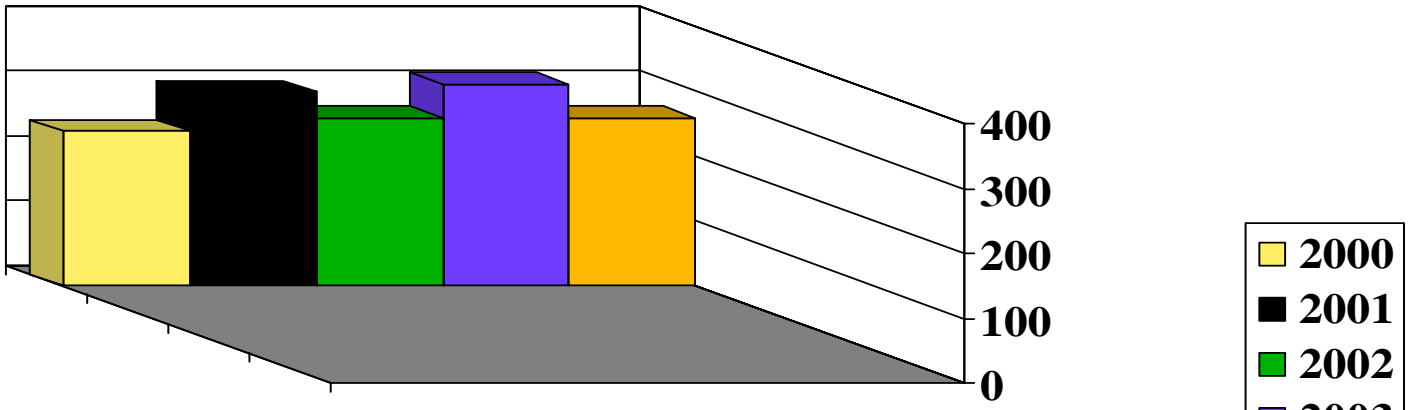
BNH Births 2000-2003

(Source BNH, OB Log Book)



Live Births, BNH, 2000-2004

(Source: HIS Encounter Database,MOH)



2000	239			
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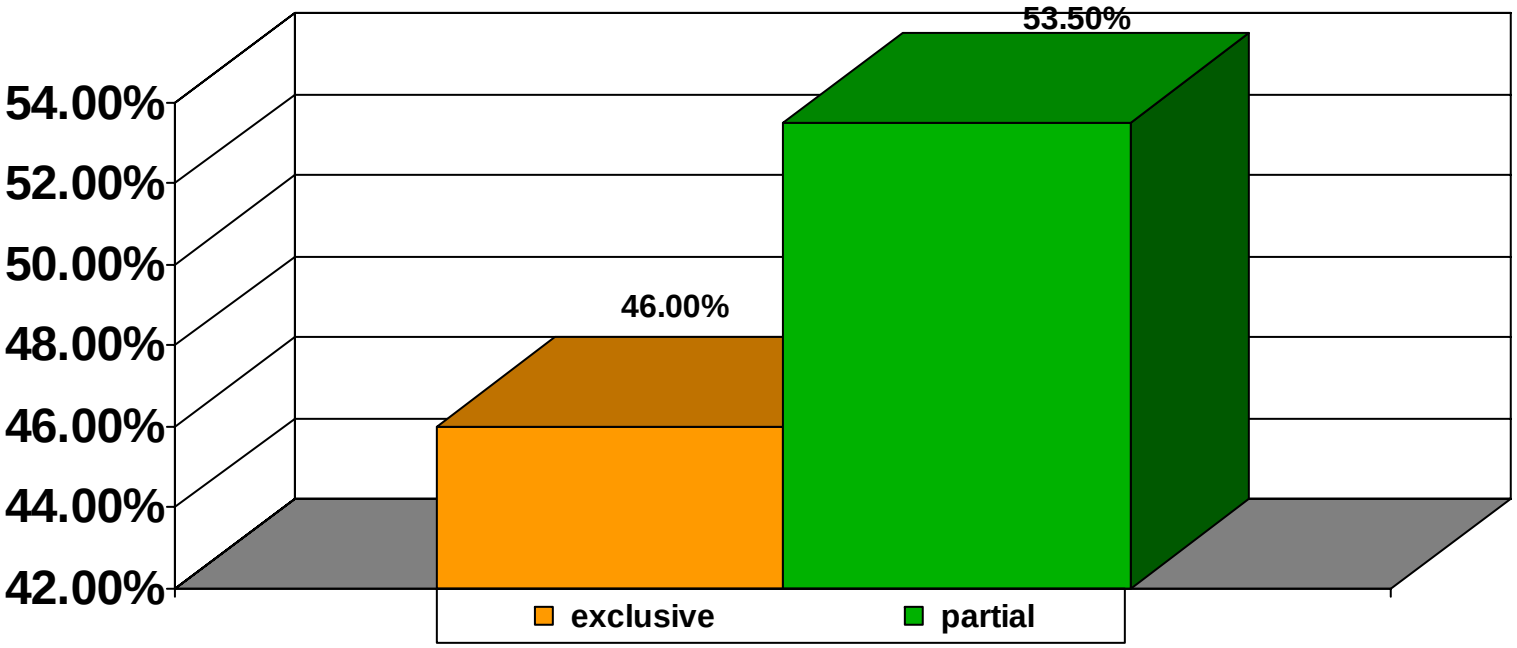
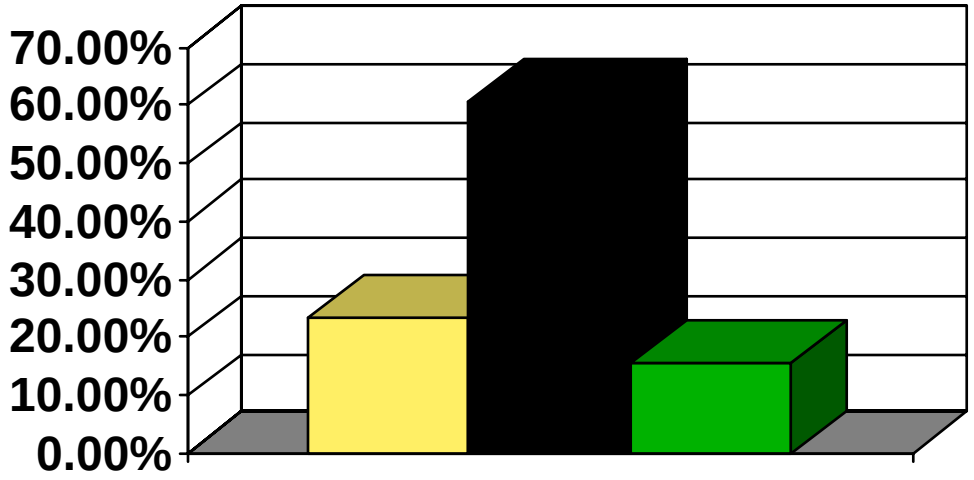
Breastfeeding Rates @ 3 months, 2004



Breastfeeding Rates @ 4-6 months, 2004



exclusive	23.40%
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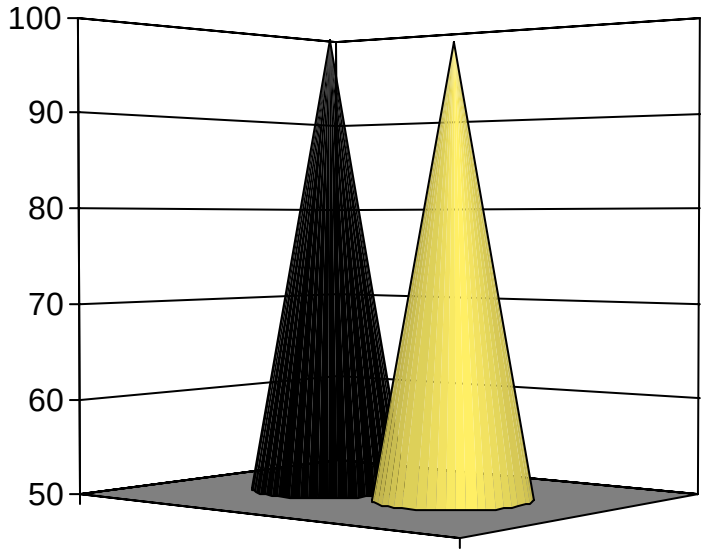
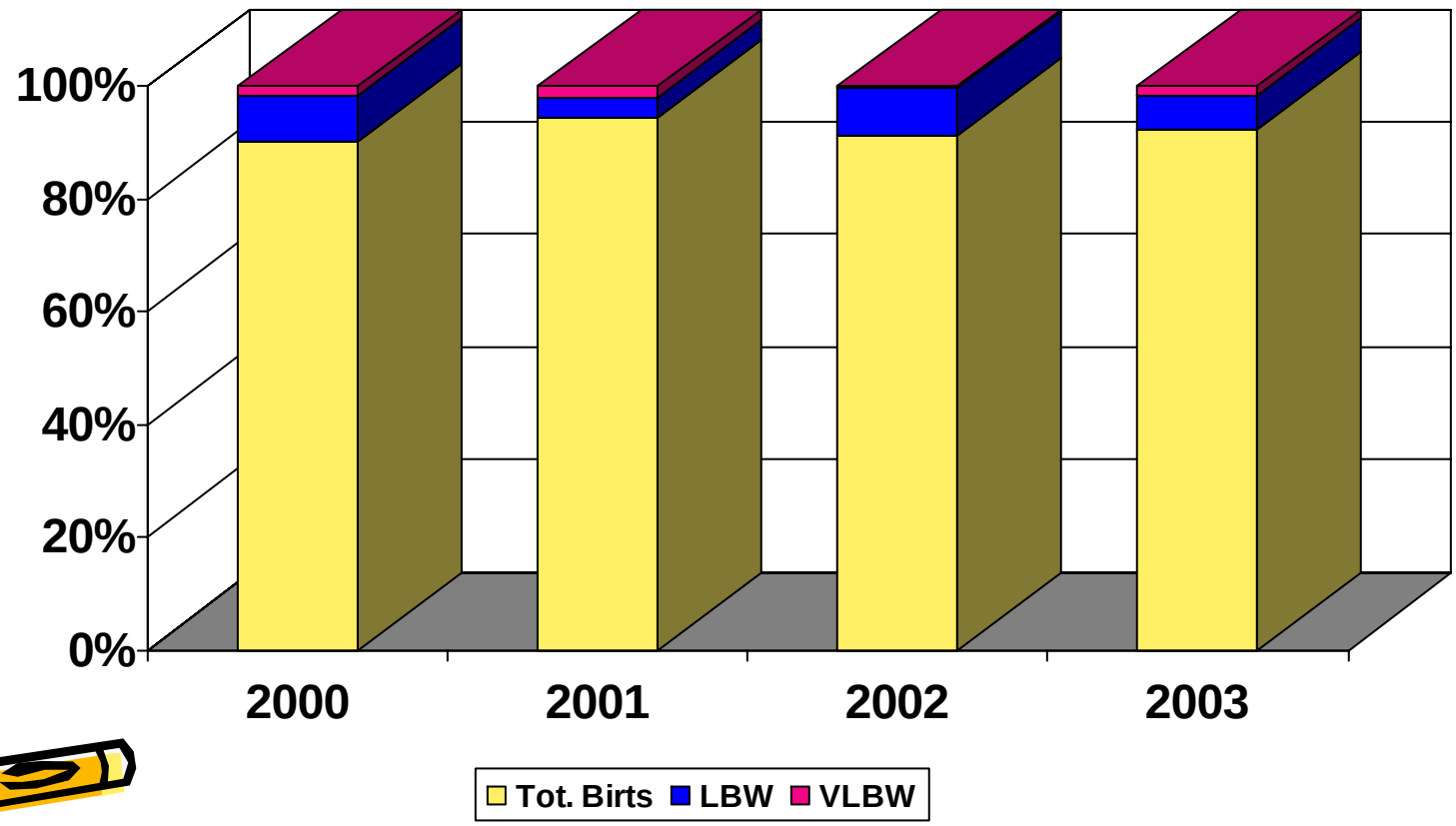
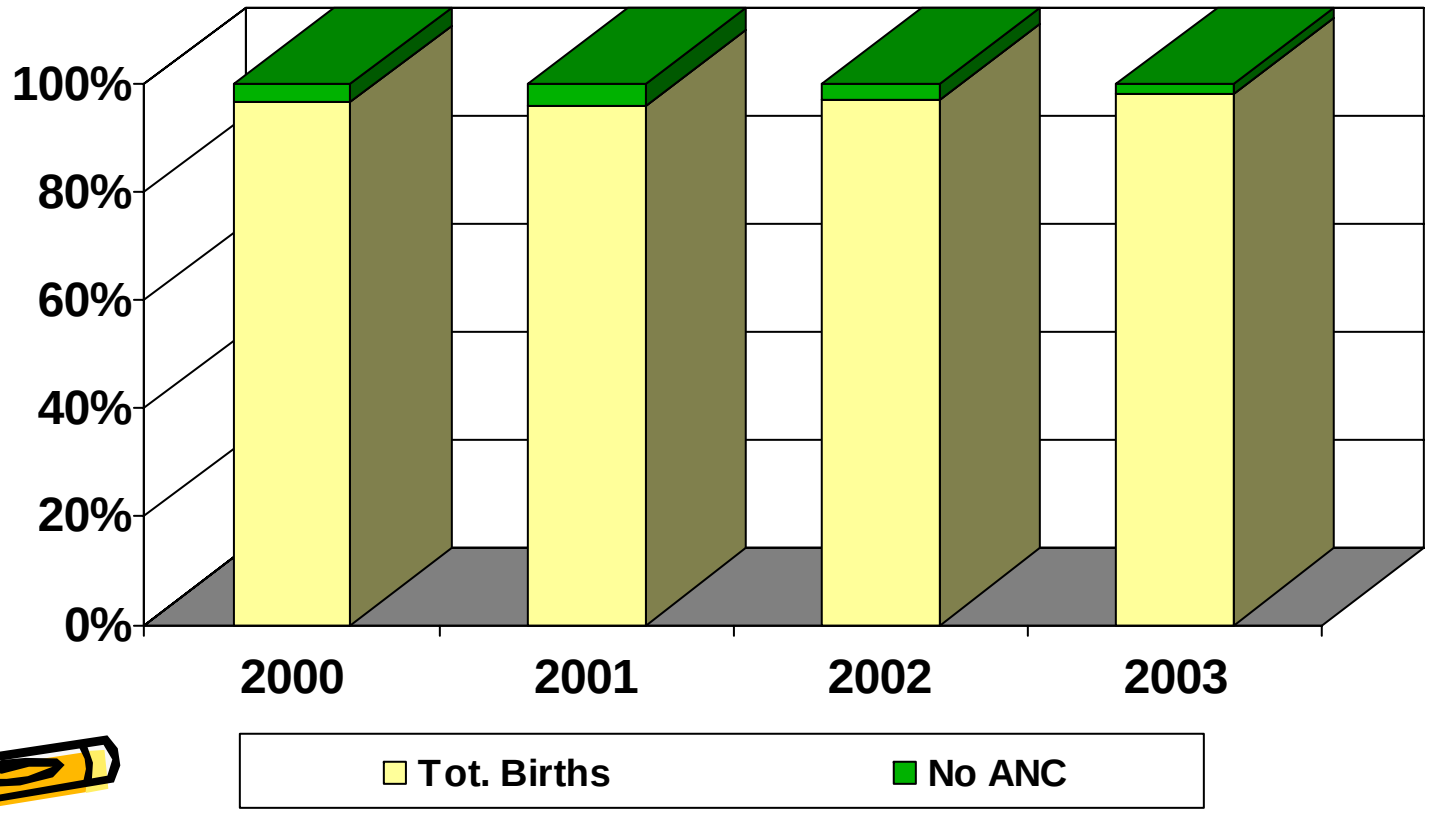


2 years old	**98**
5 years old	**97**

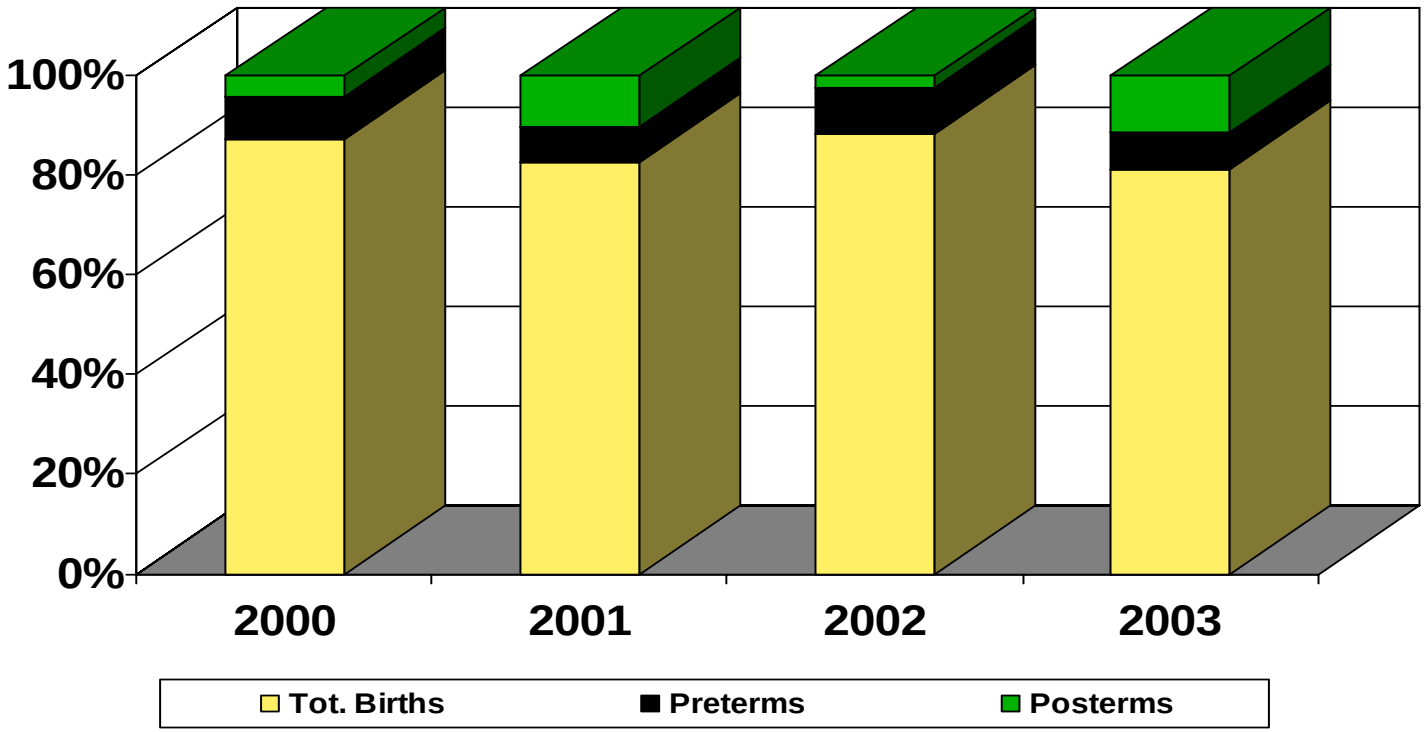
LBW/VLBW
as a proportion of Total Births
2000-2003



No Prenatal Care as a Proportion of Total Births 2000-2003



Pre and Post-Terms births 2000-2003



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Age 18 mos - 36 mos, MCH Clinic BNH, March - June 2003

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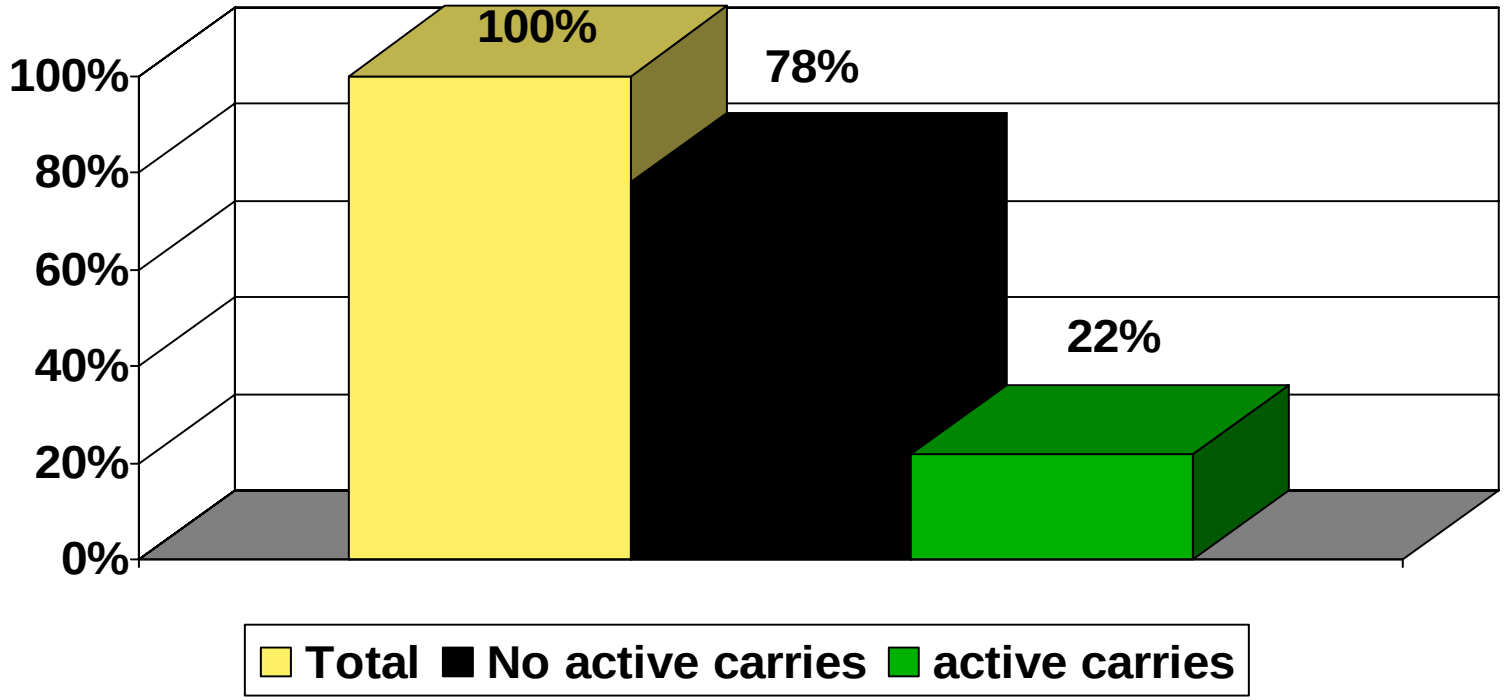

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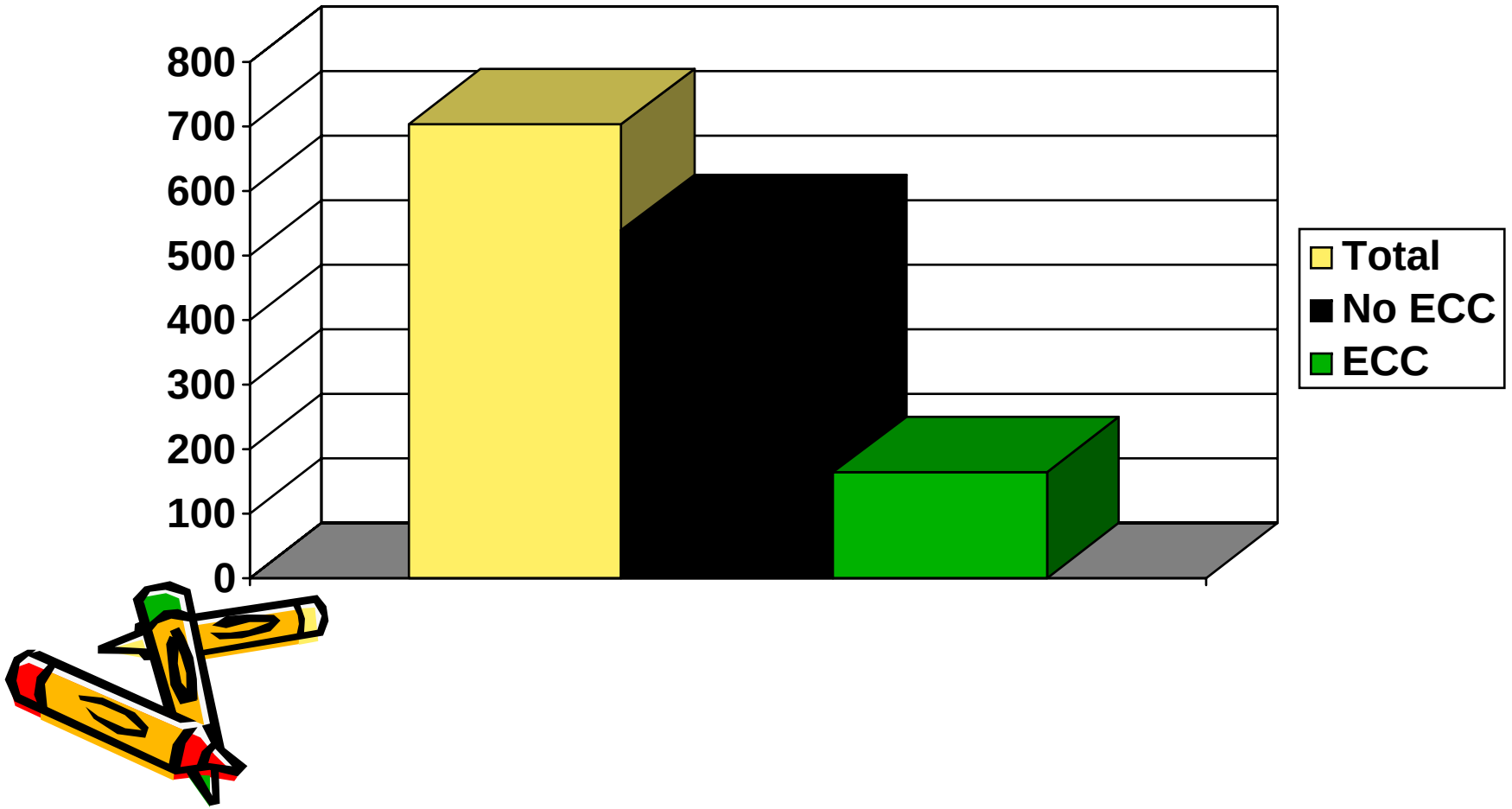

Fluoride Varnish, MCH Clinic, BNH
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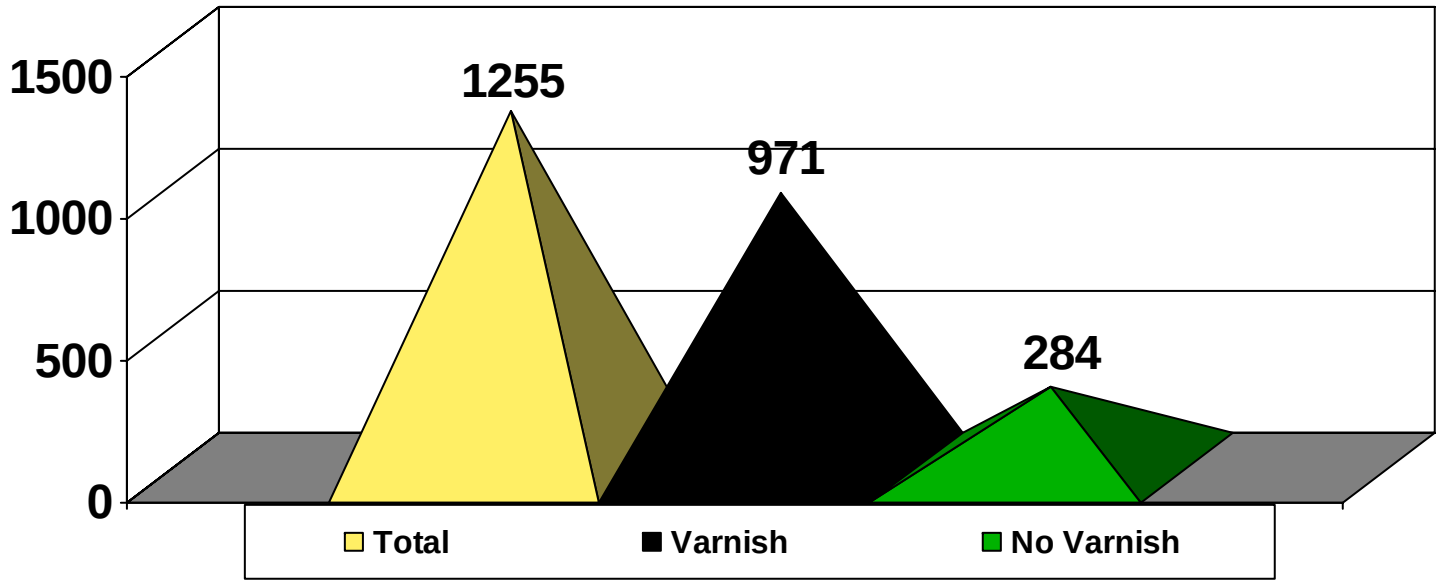

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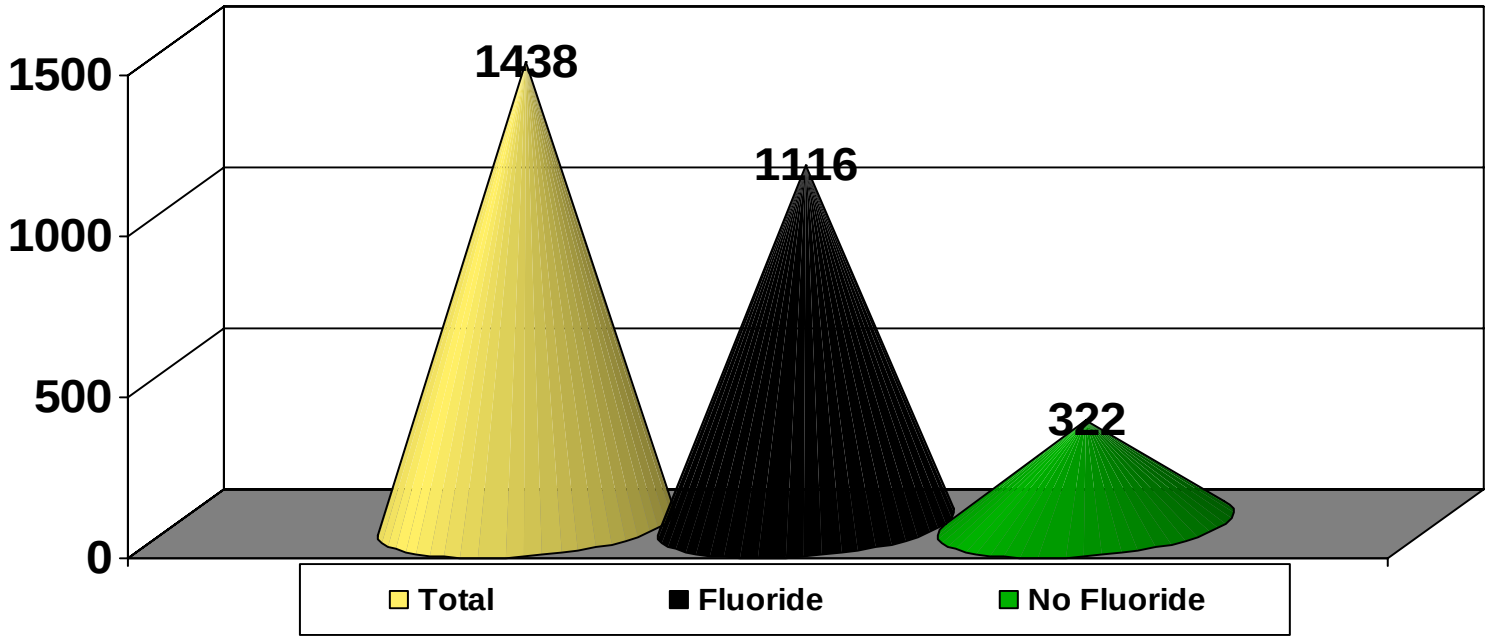
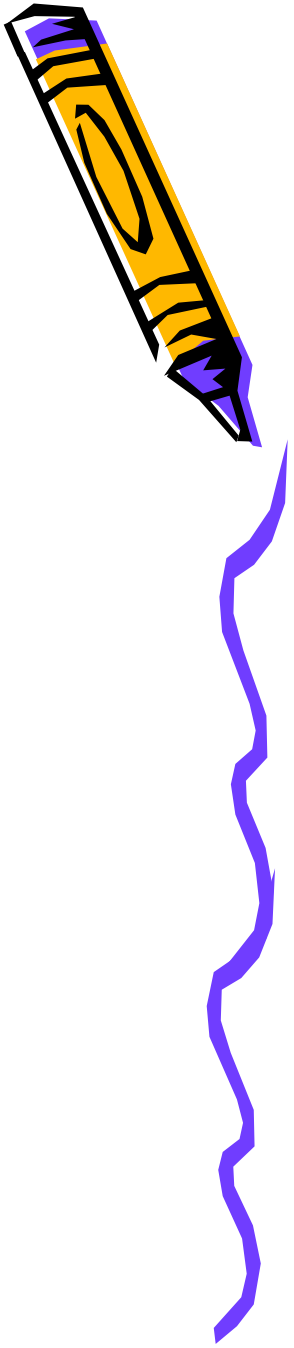


Chronic Illness 0-5 yrs old, BNH, 2004



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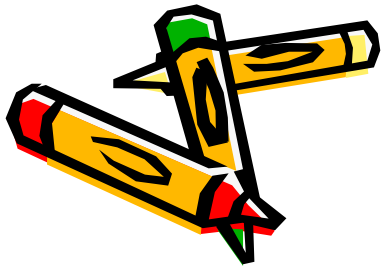
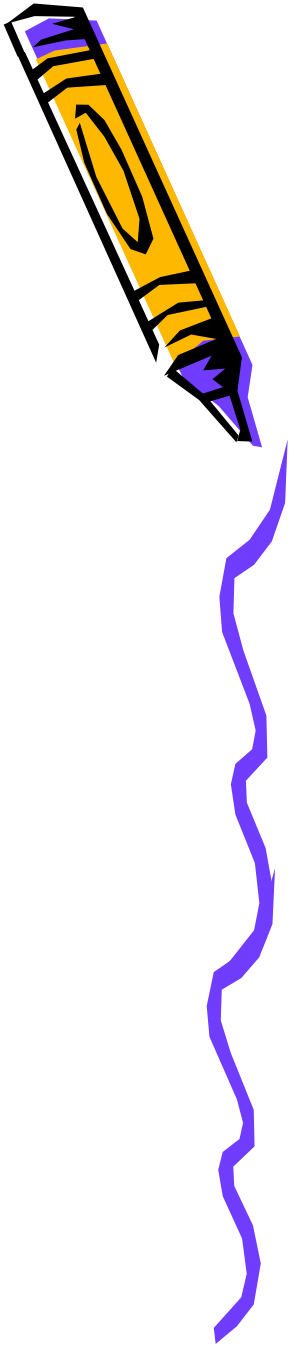


Needs Assessment
Age 0-5 years old



Members:

Dr. Bechesrrak
Jouaquina Ulengchong
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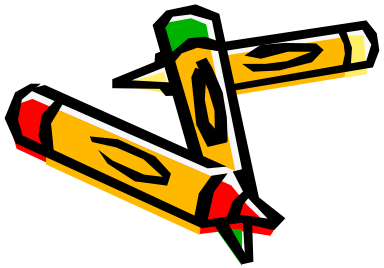

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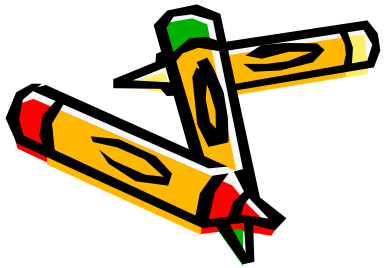

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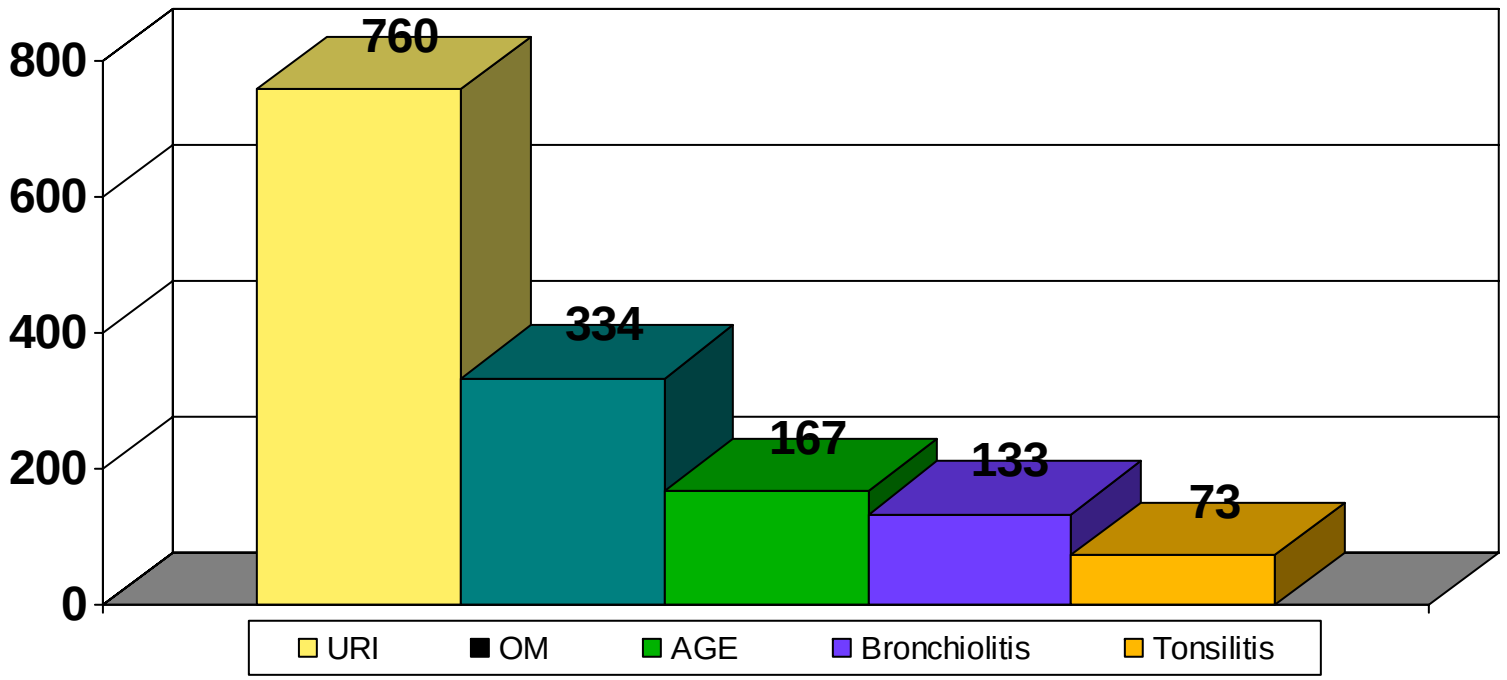

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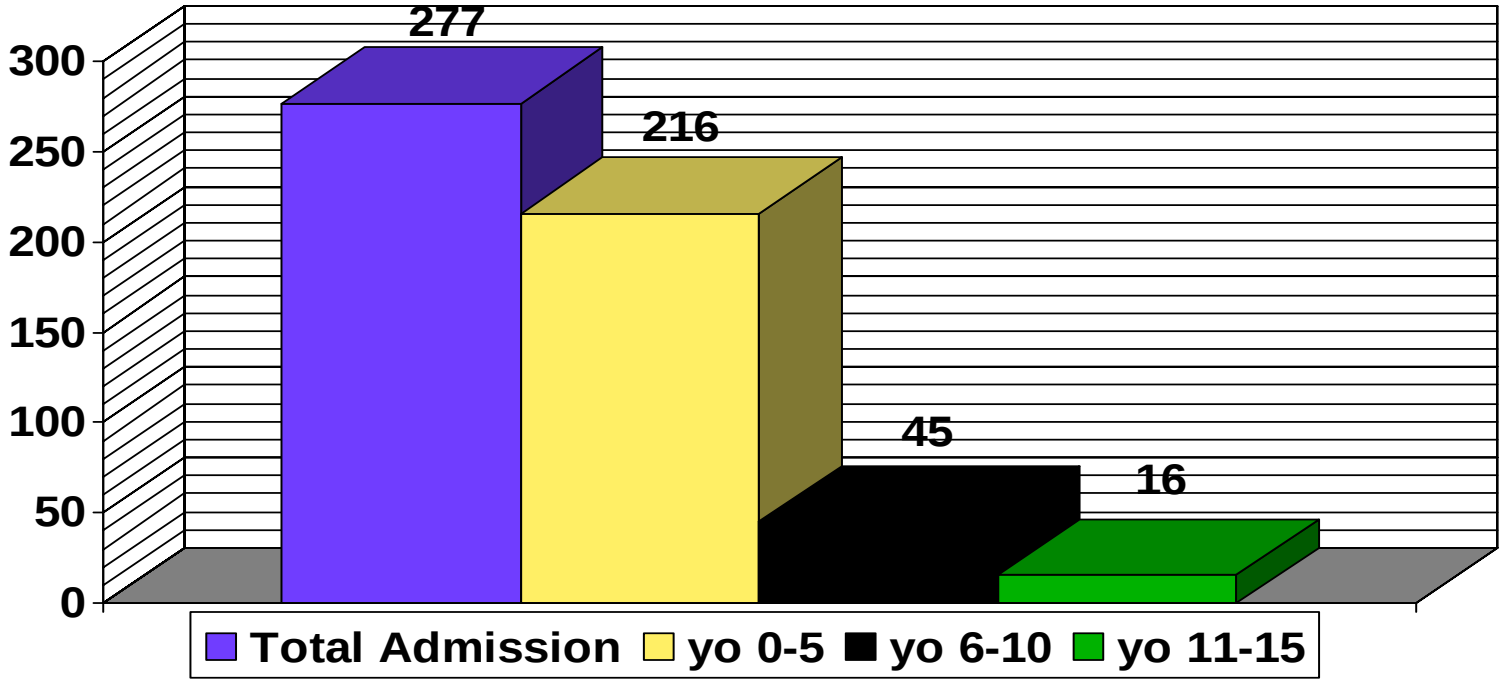

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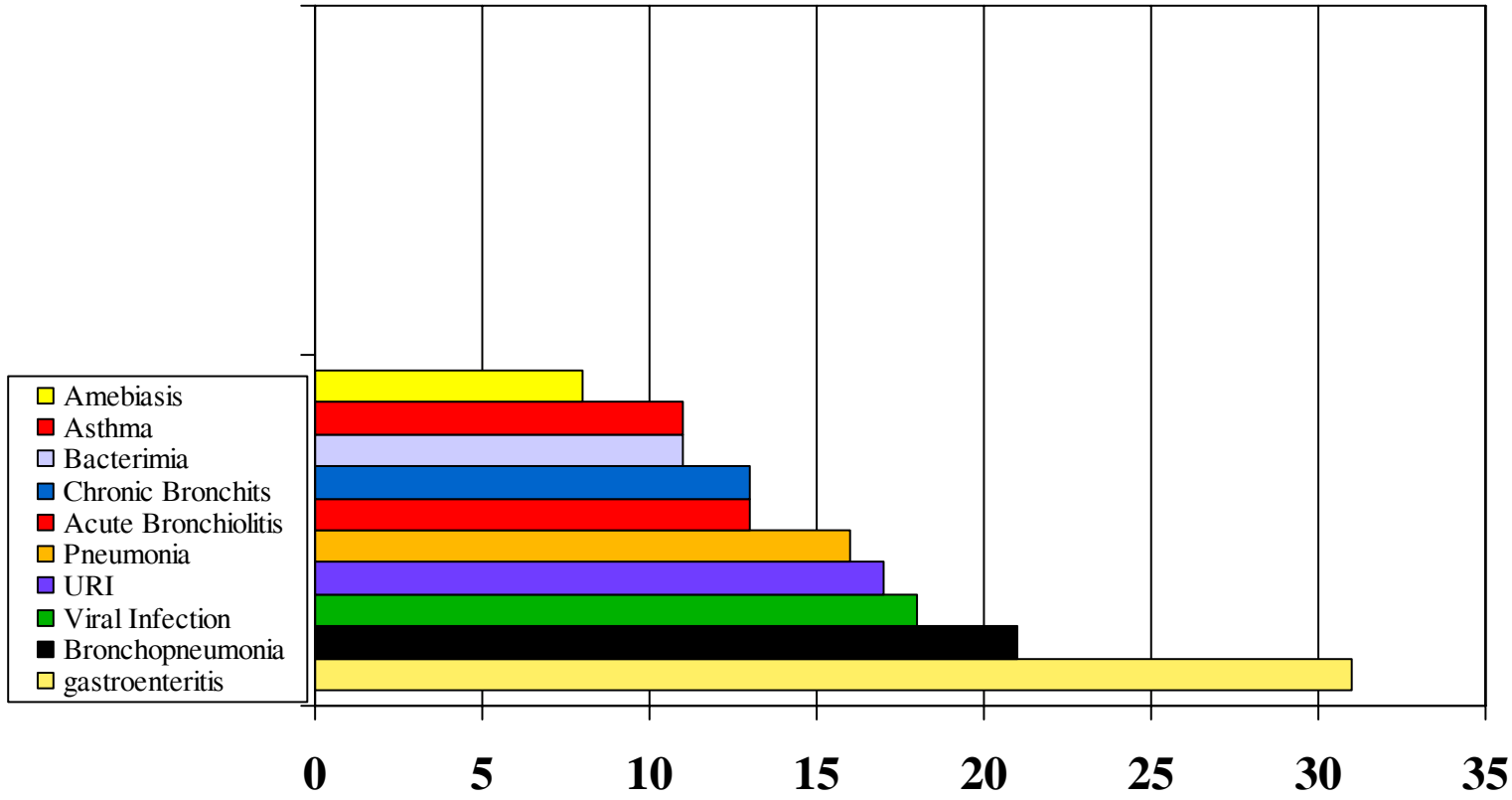

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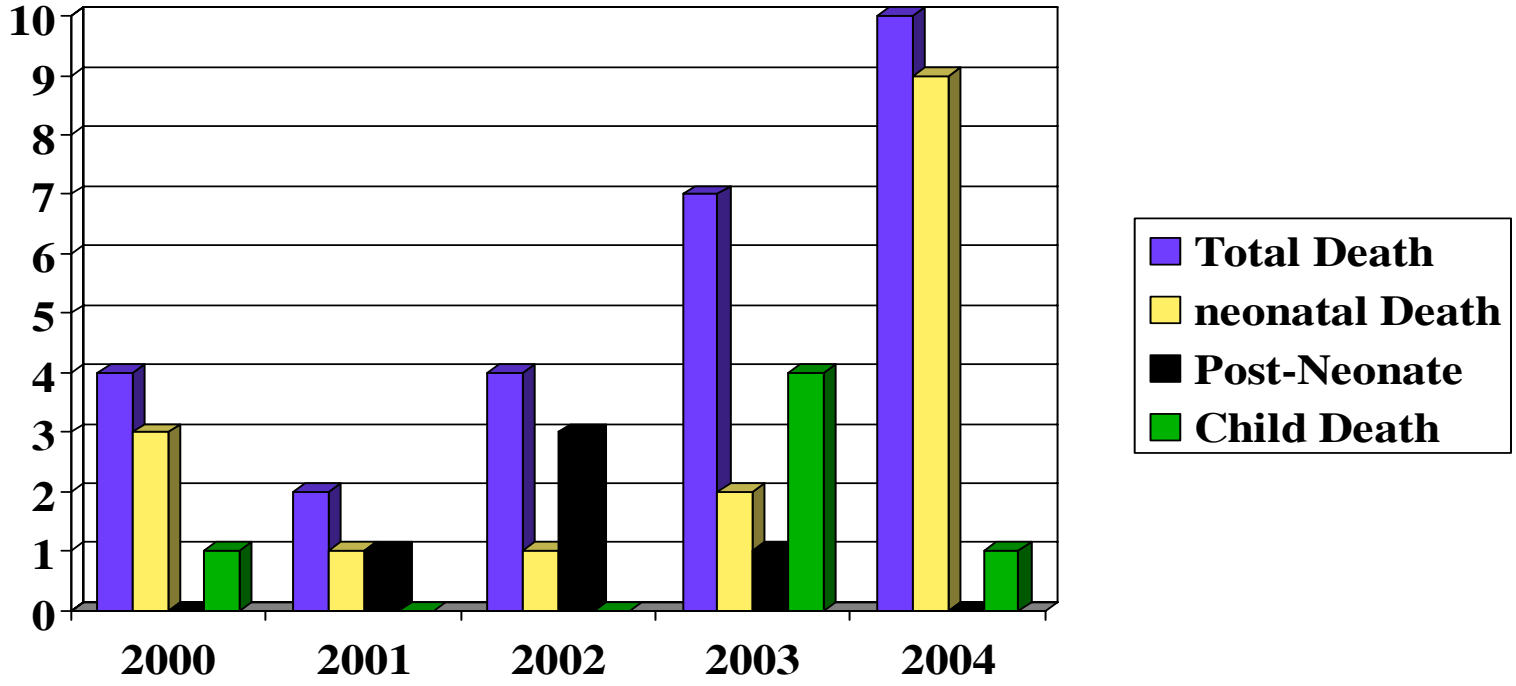

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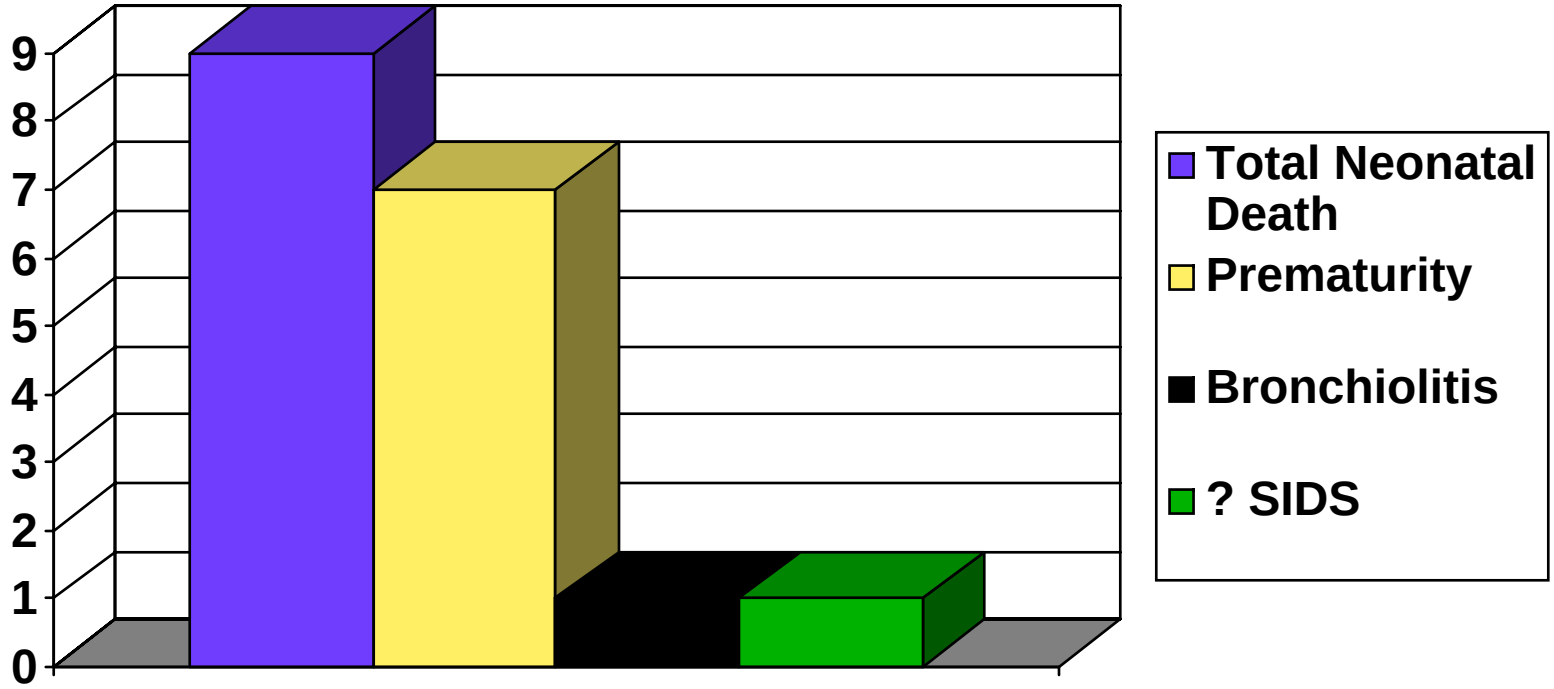

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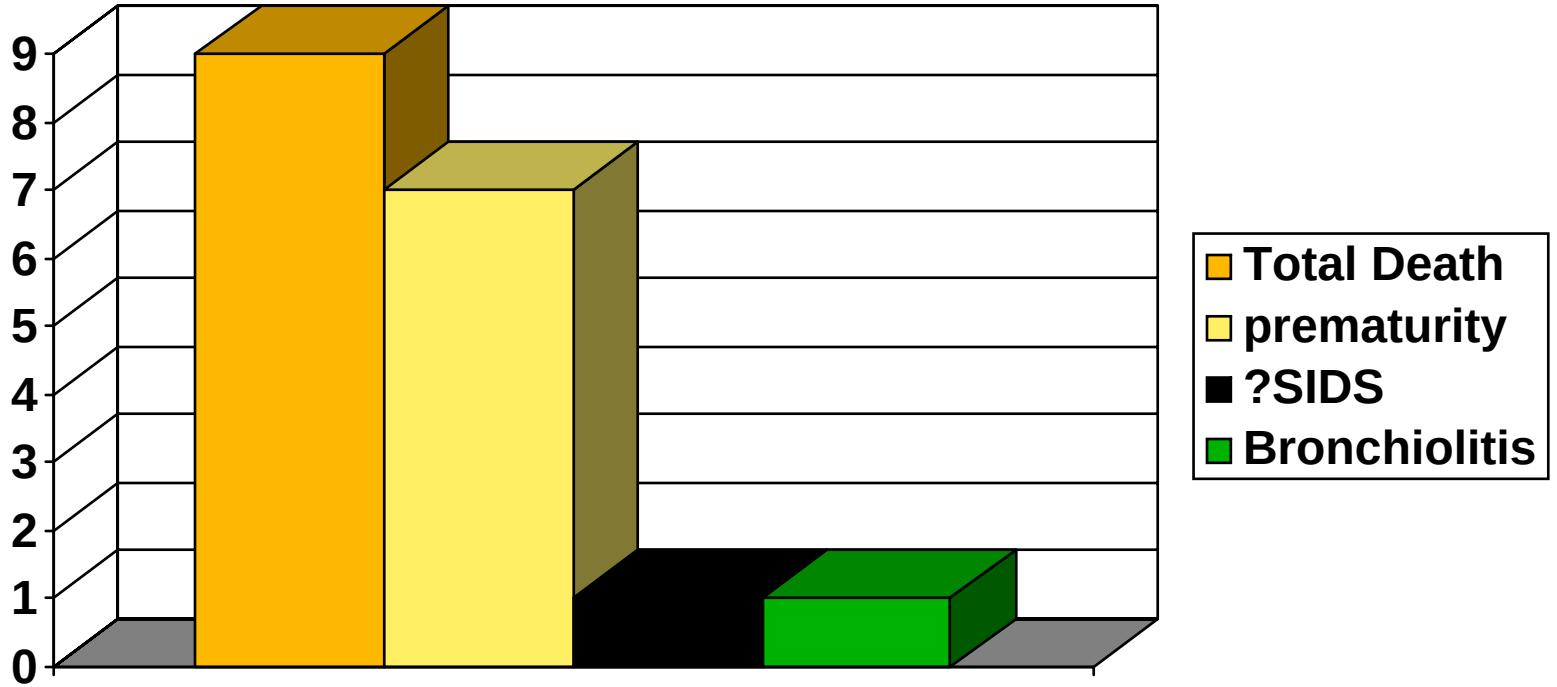

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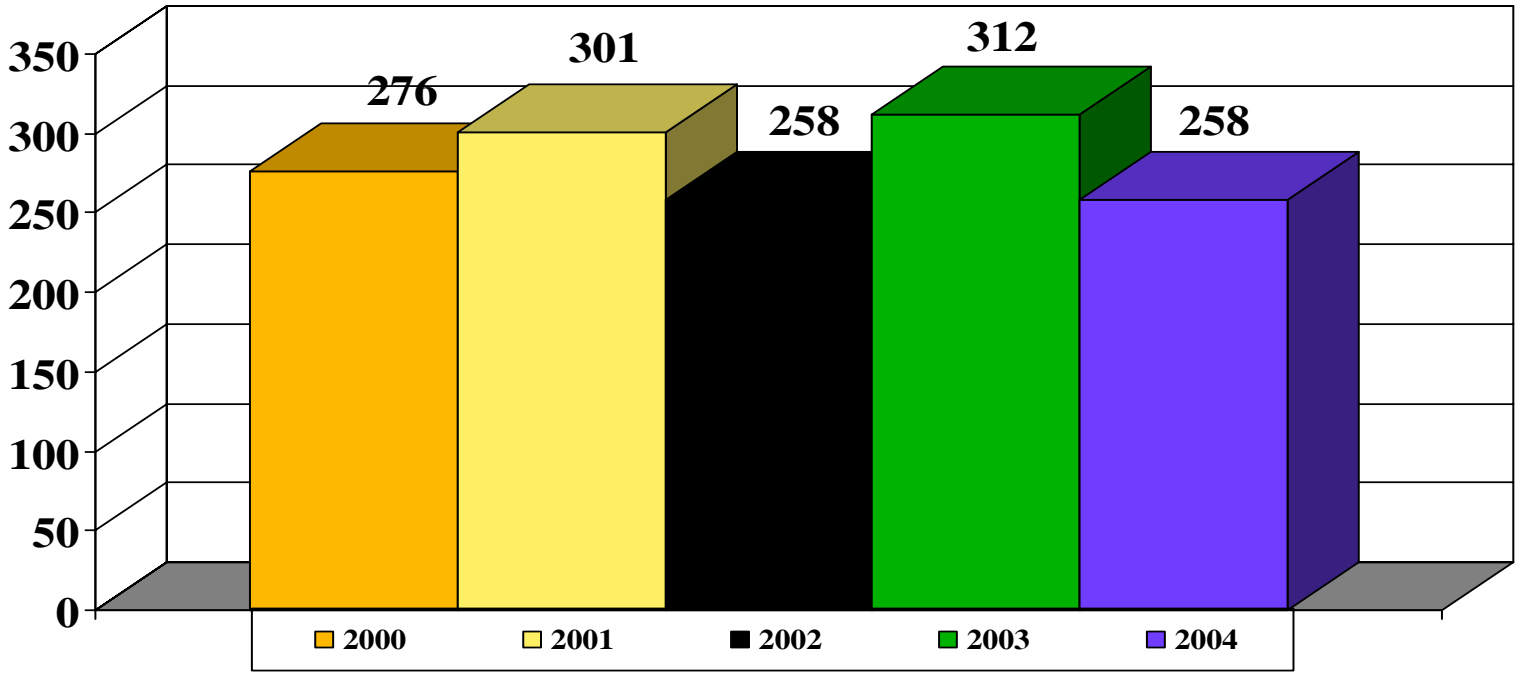

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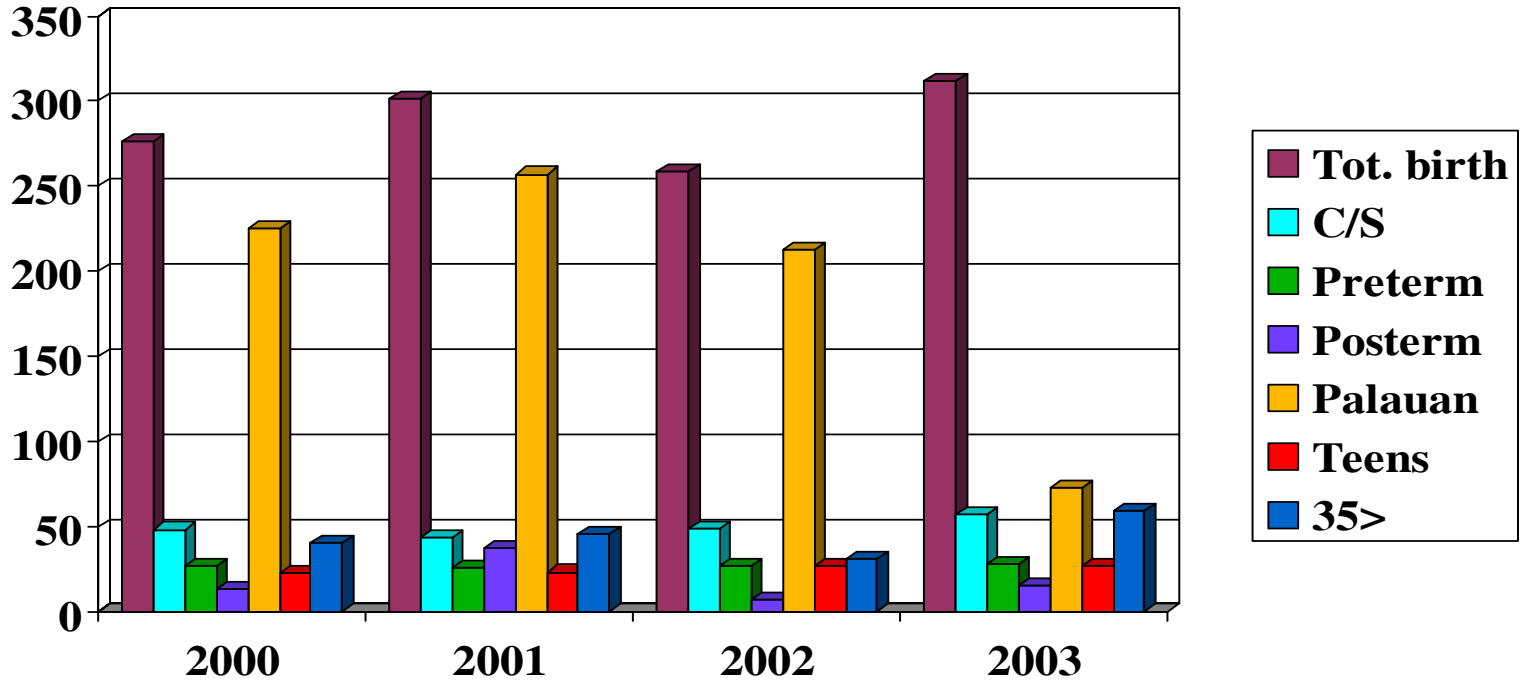

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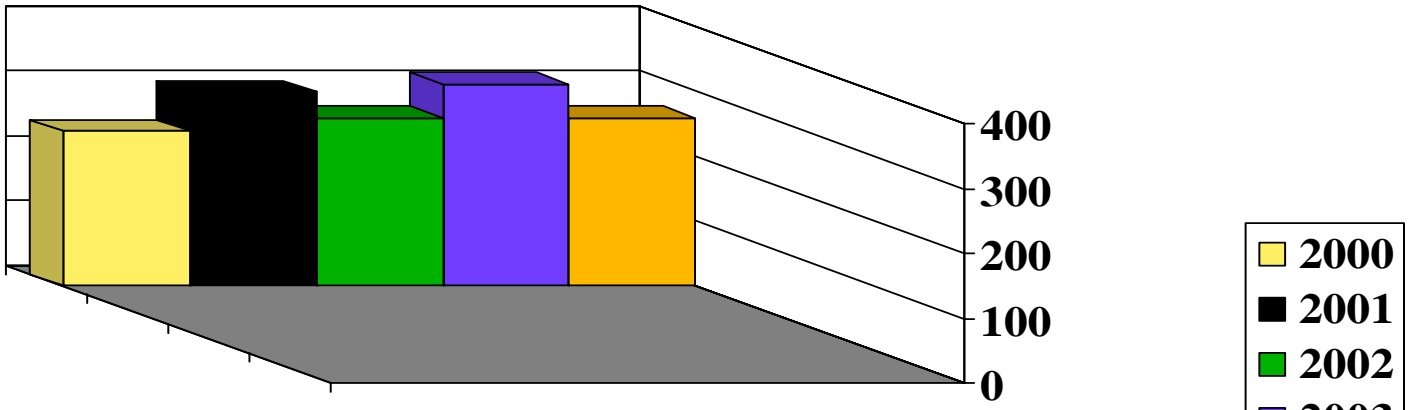

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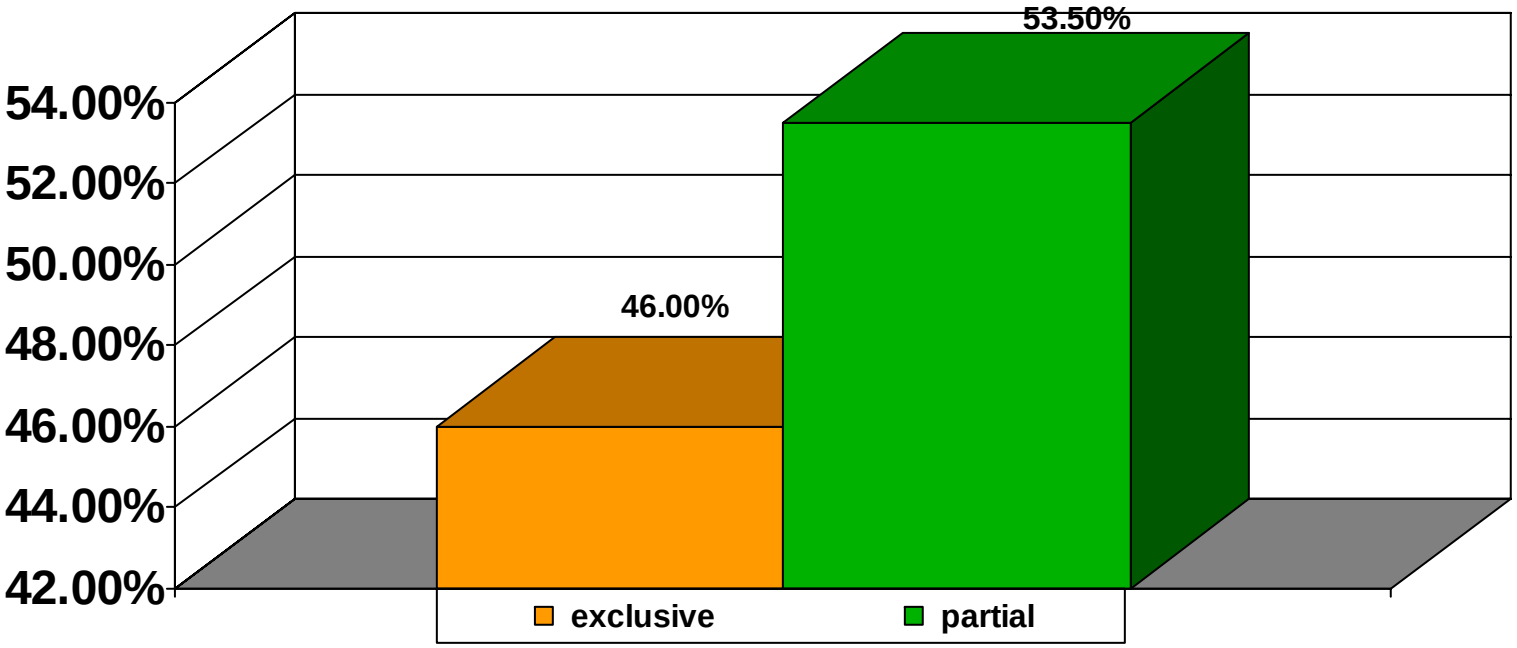

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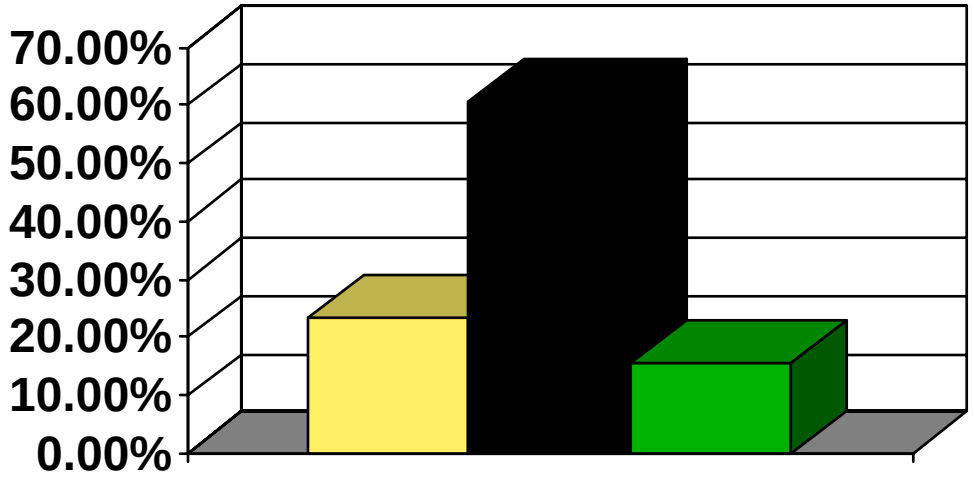

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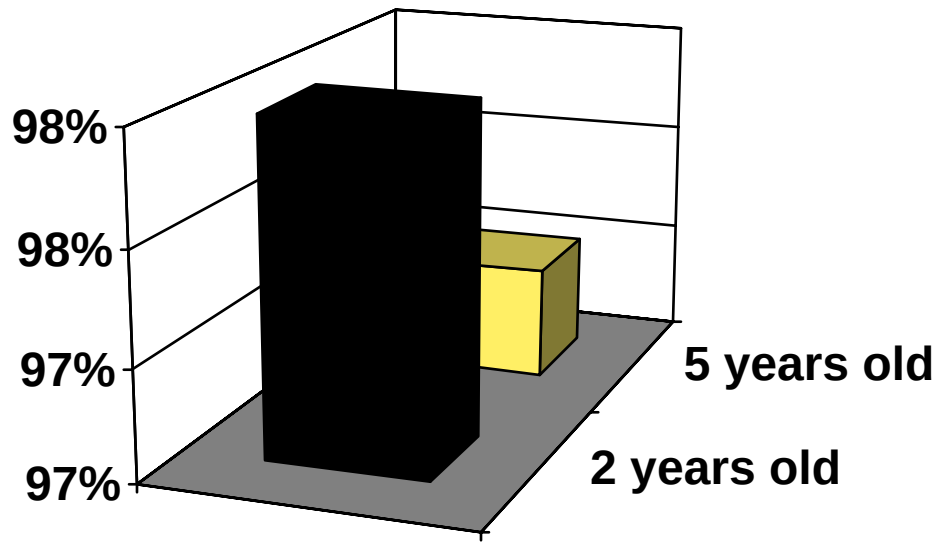

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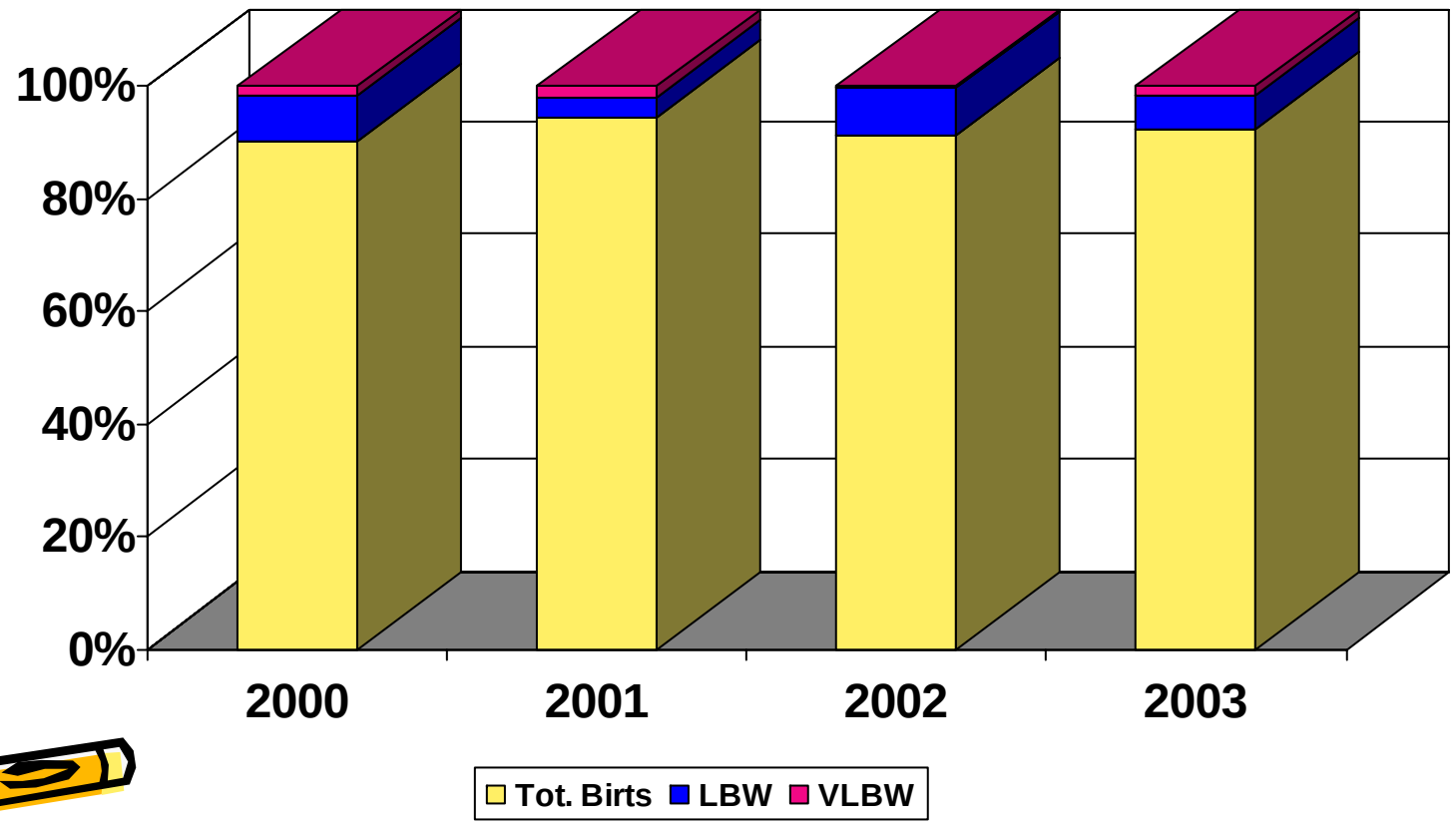
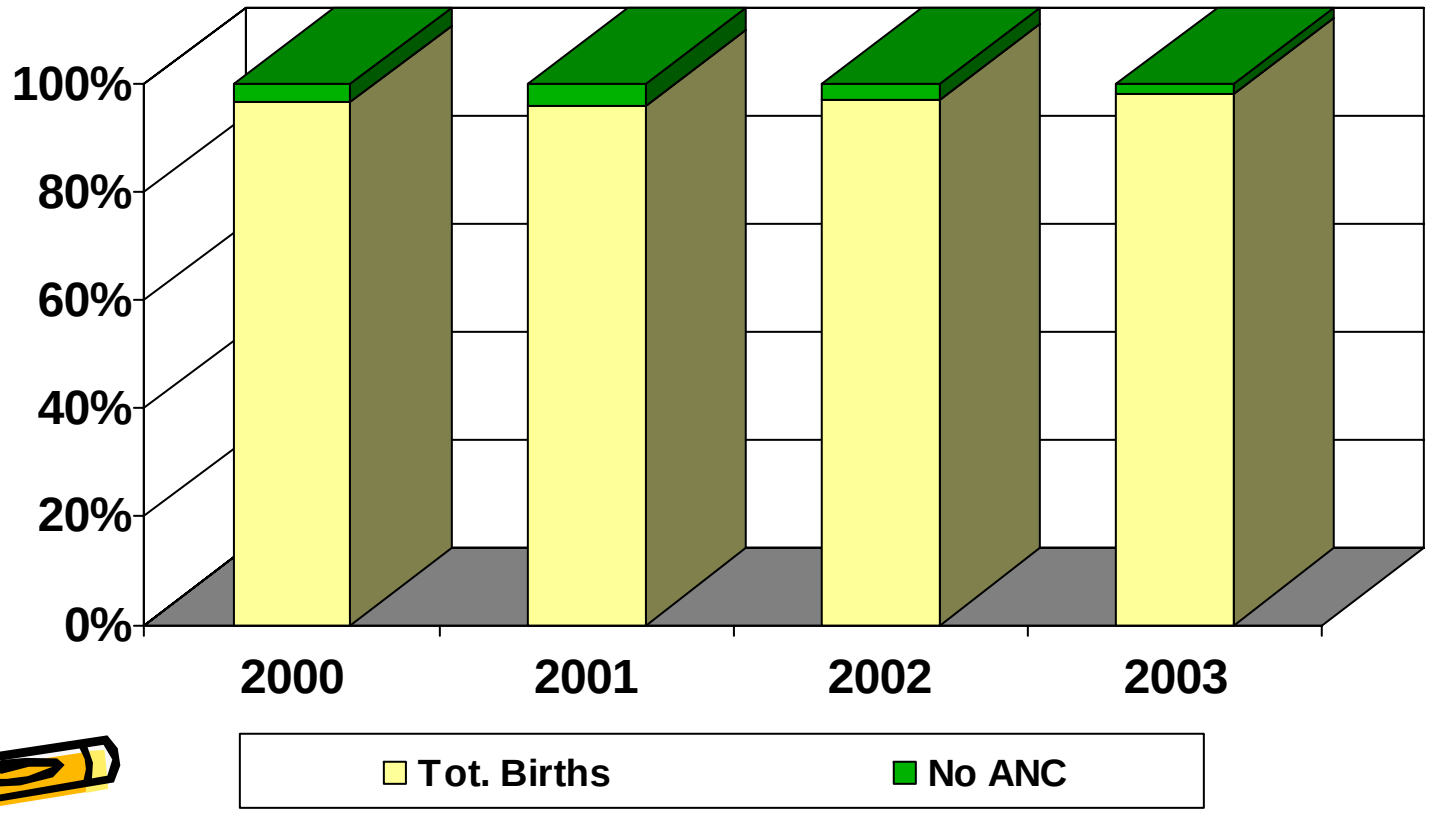


No Prenatal Care as a Proportion of Total Births 2000-2003



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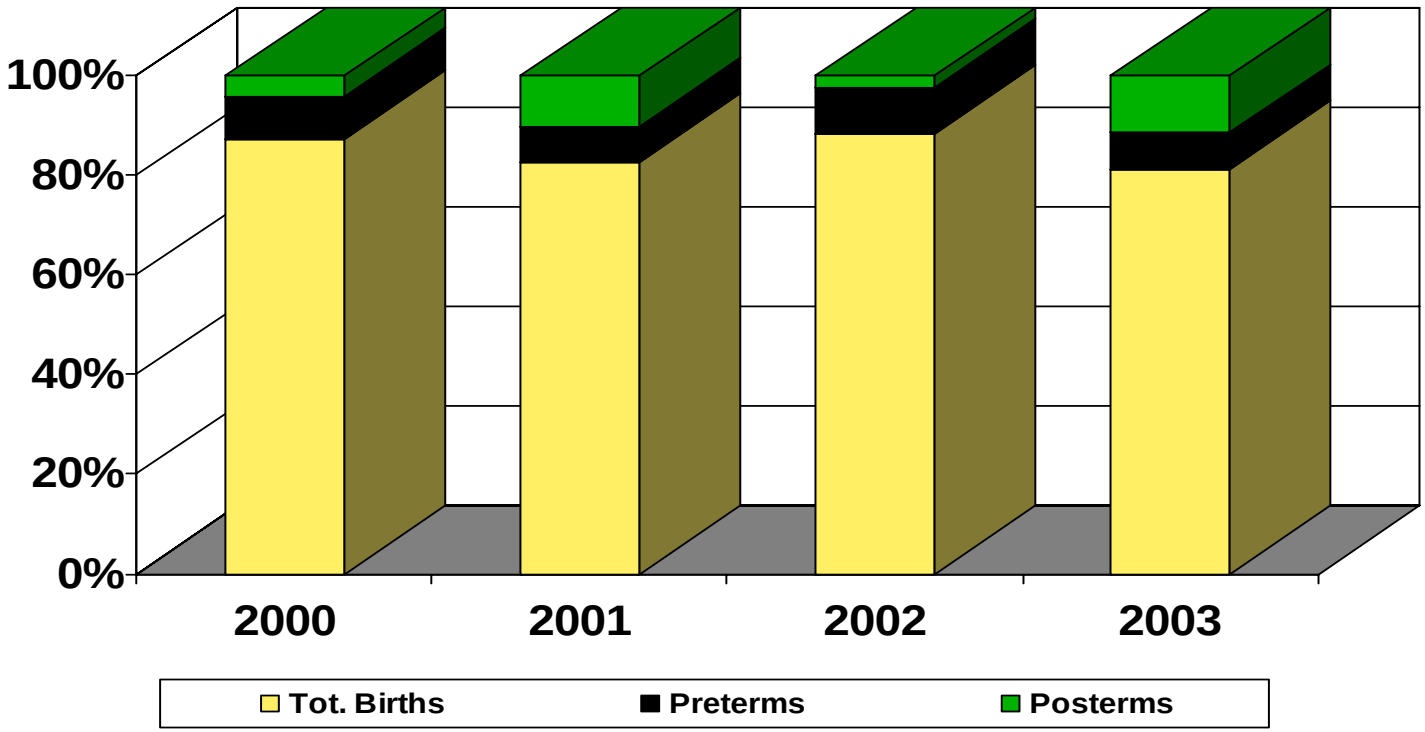

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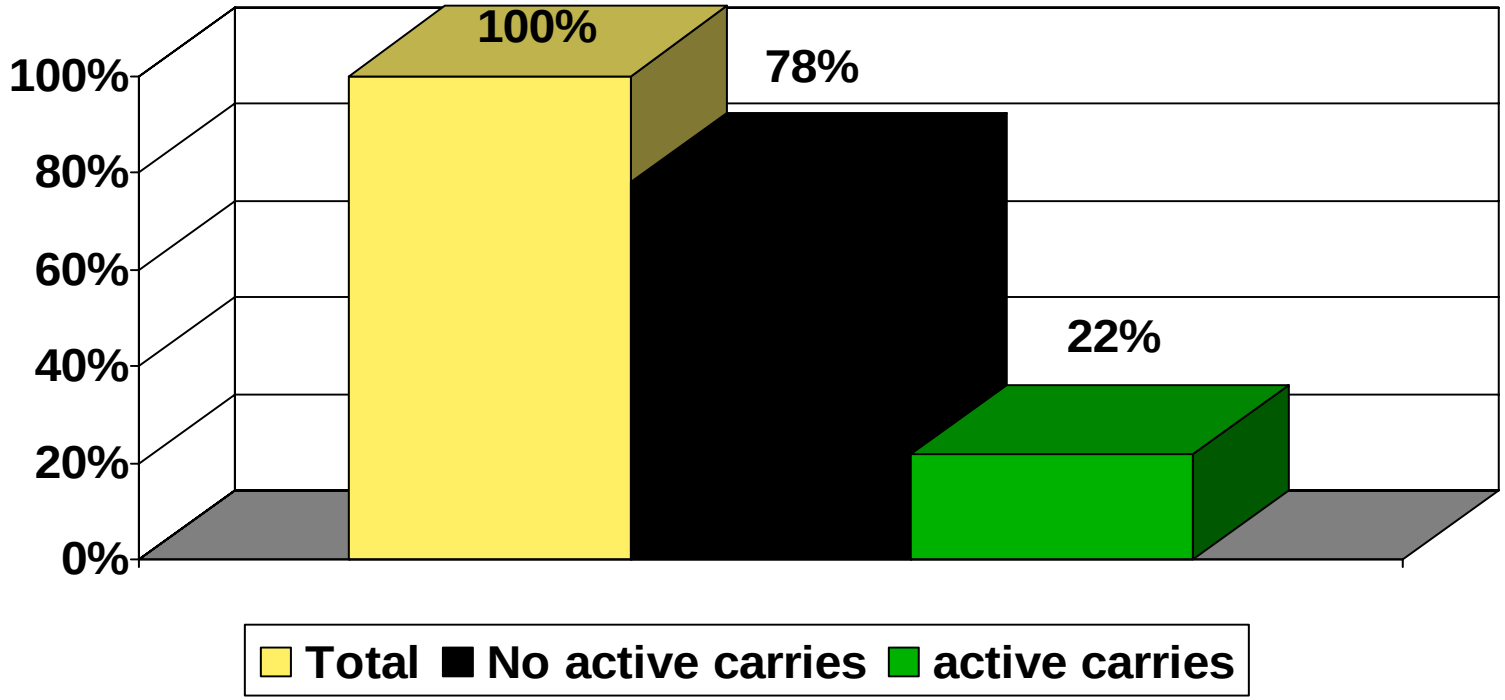

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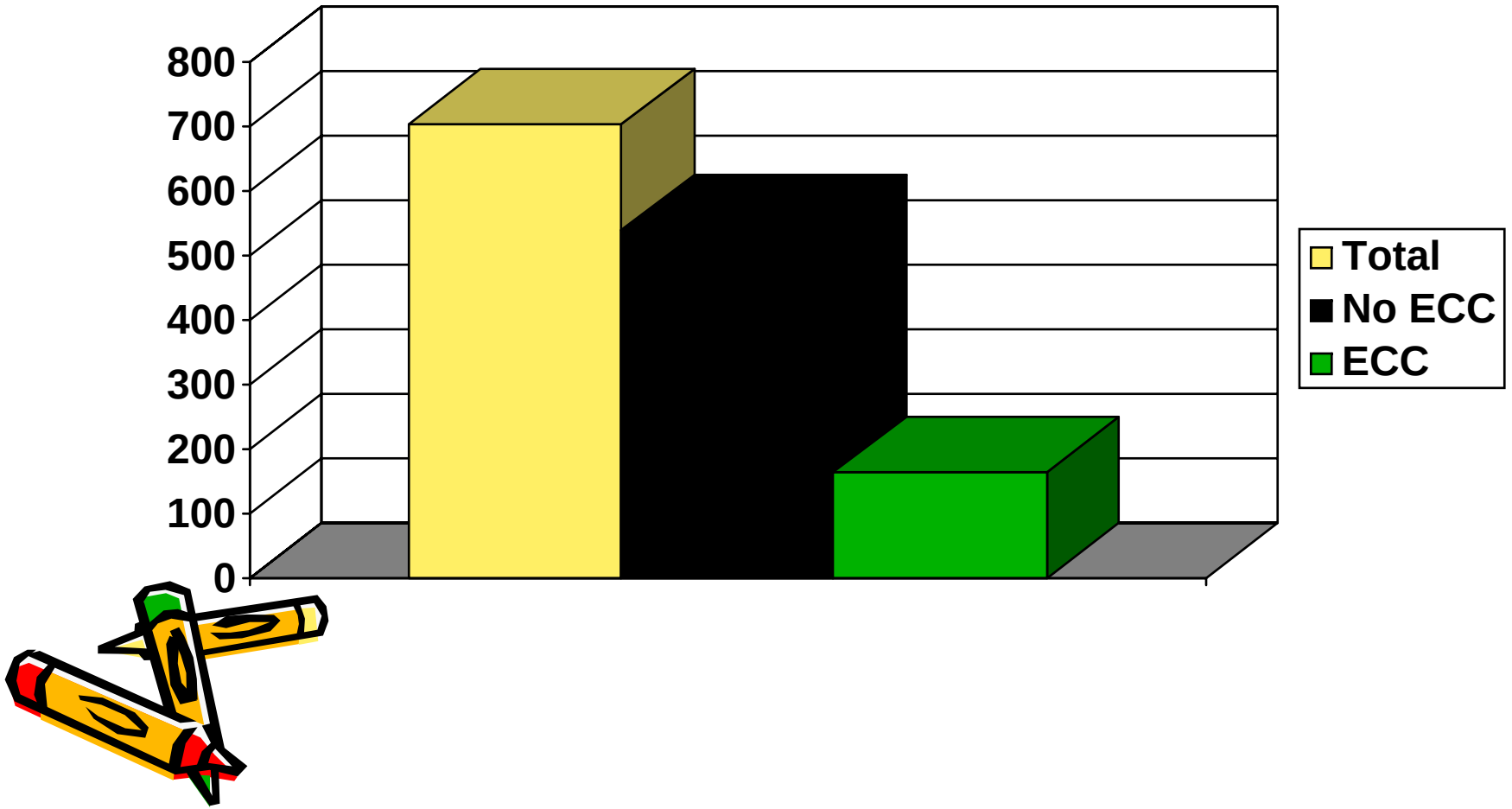

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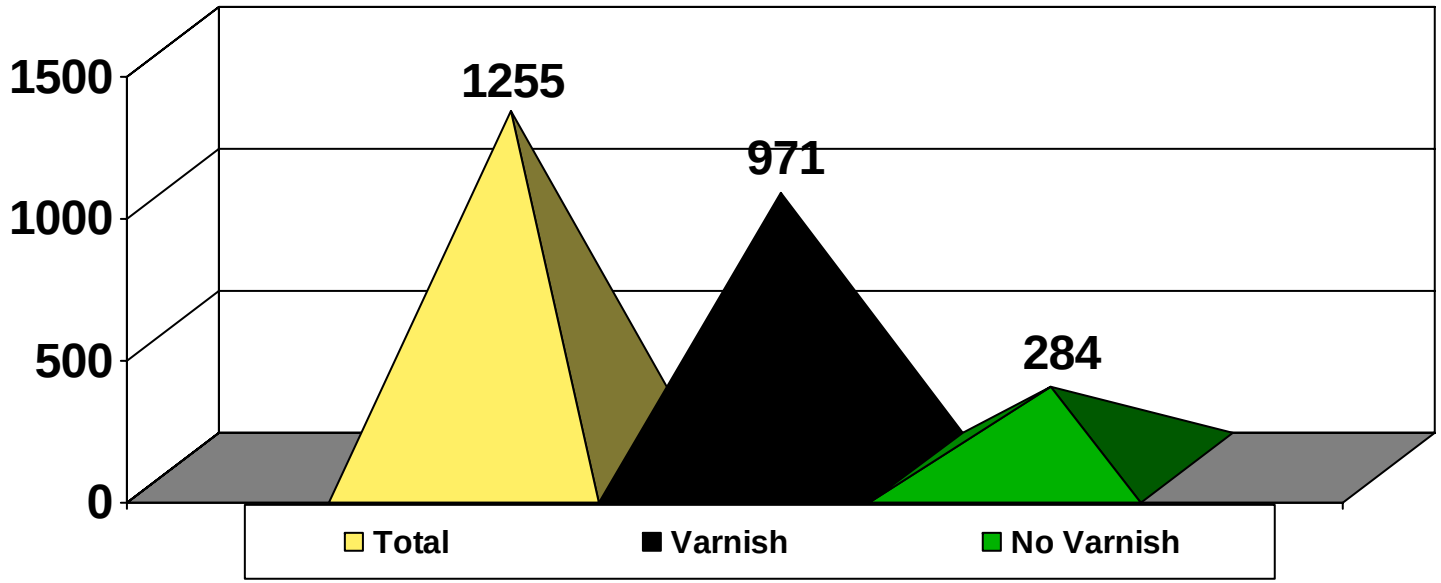

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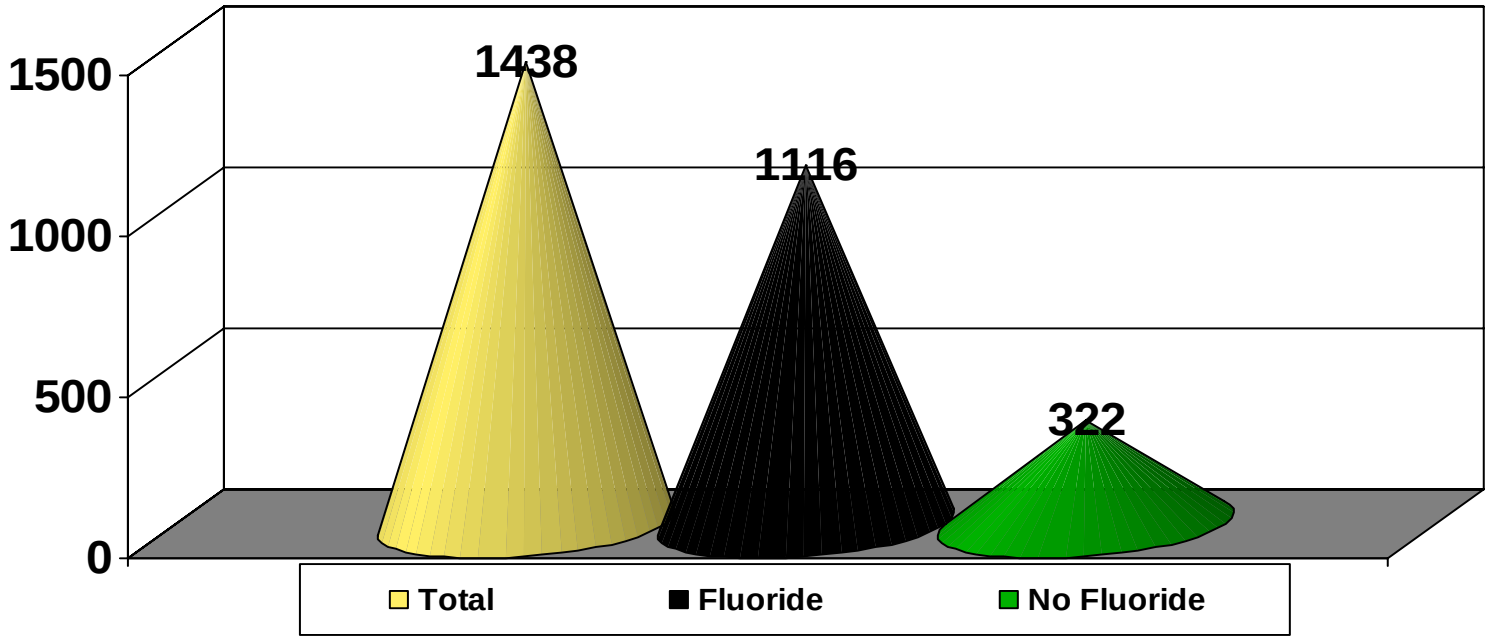

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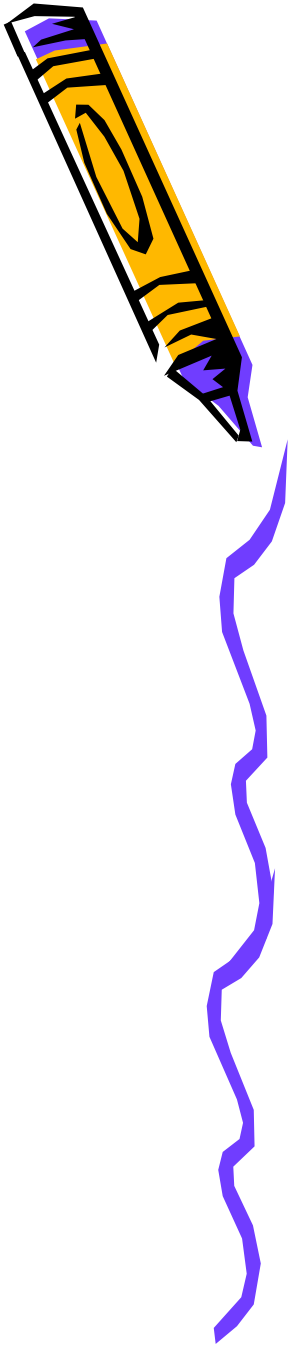

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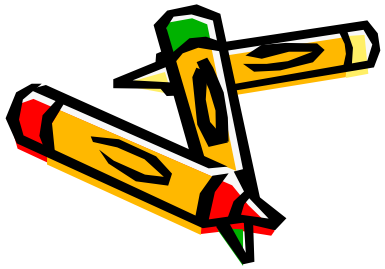


PHS SCREENING
November, 2004

Sherry Madraisau,MS, Adolescent Health Coordinator

Marilynn Basilius, School Health Nurse

Dr. Sylvia Andres, PGDipMH

Dr. Selerina Malsol,DCHMS

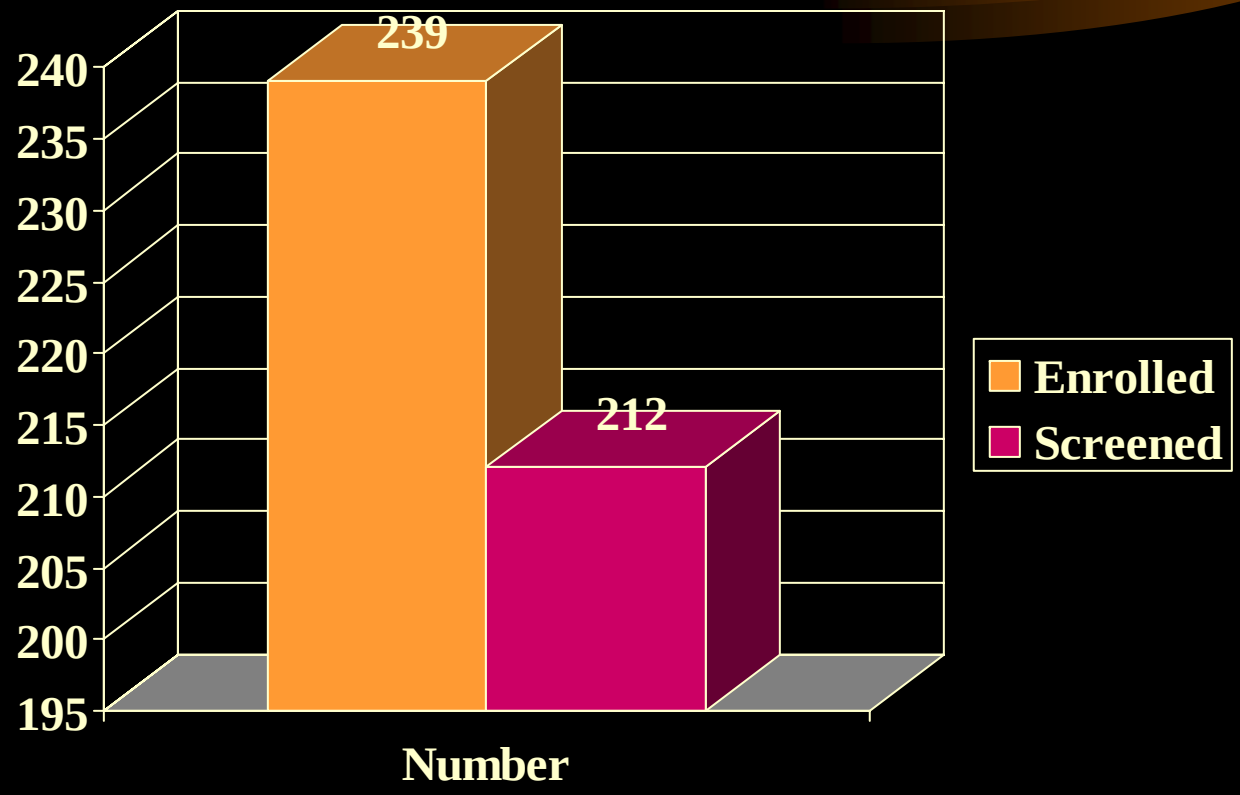
Dr. Wade Ueki,MBBS

Laboratory Technician-BNH

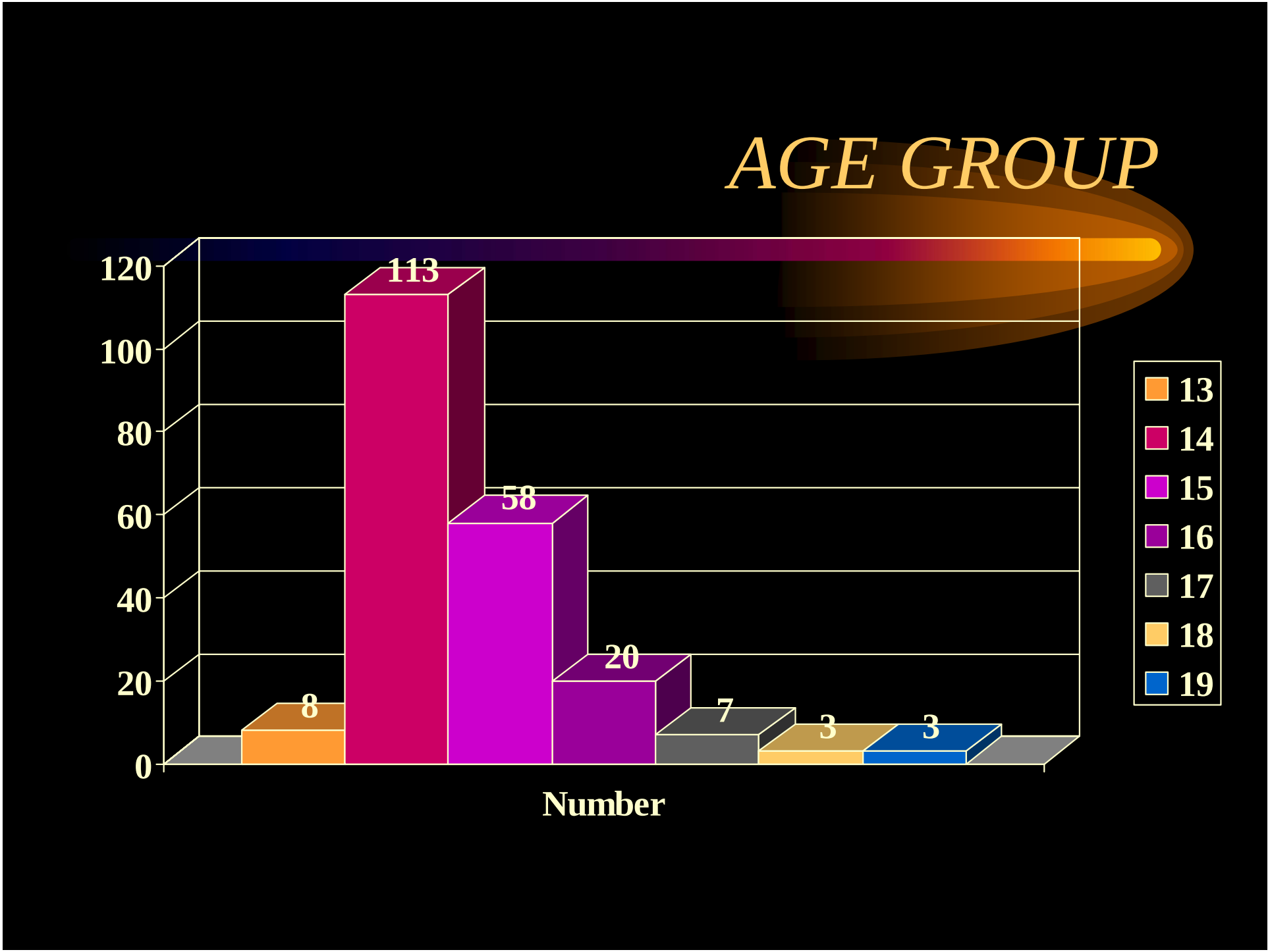
PHS SCREENING RESULT

- Goal:
- Improve retention rate in school.
- Improve academic performance through academic/behavioral modification skill enhancement.
- Reduction on the prevalence rate of those indicators in the Youth Risk Behavioral Survey.
- Identify high risk and do prevention strategy.
- Reduce drop out rates

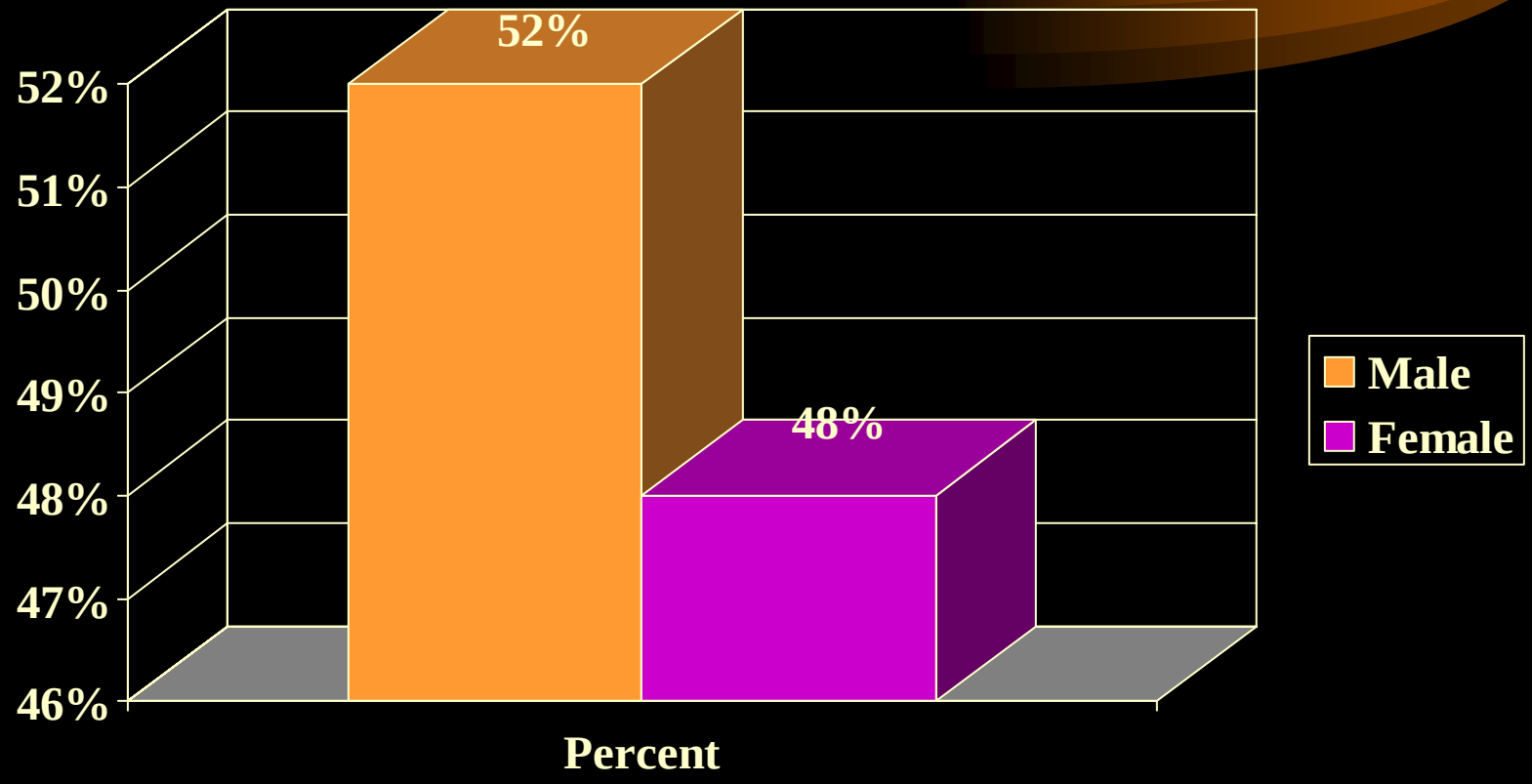
NUMBER OF STUDENT SCREENED



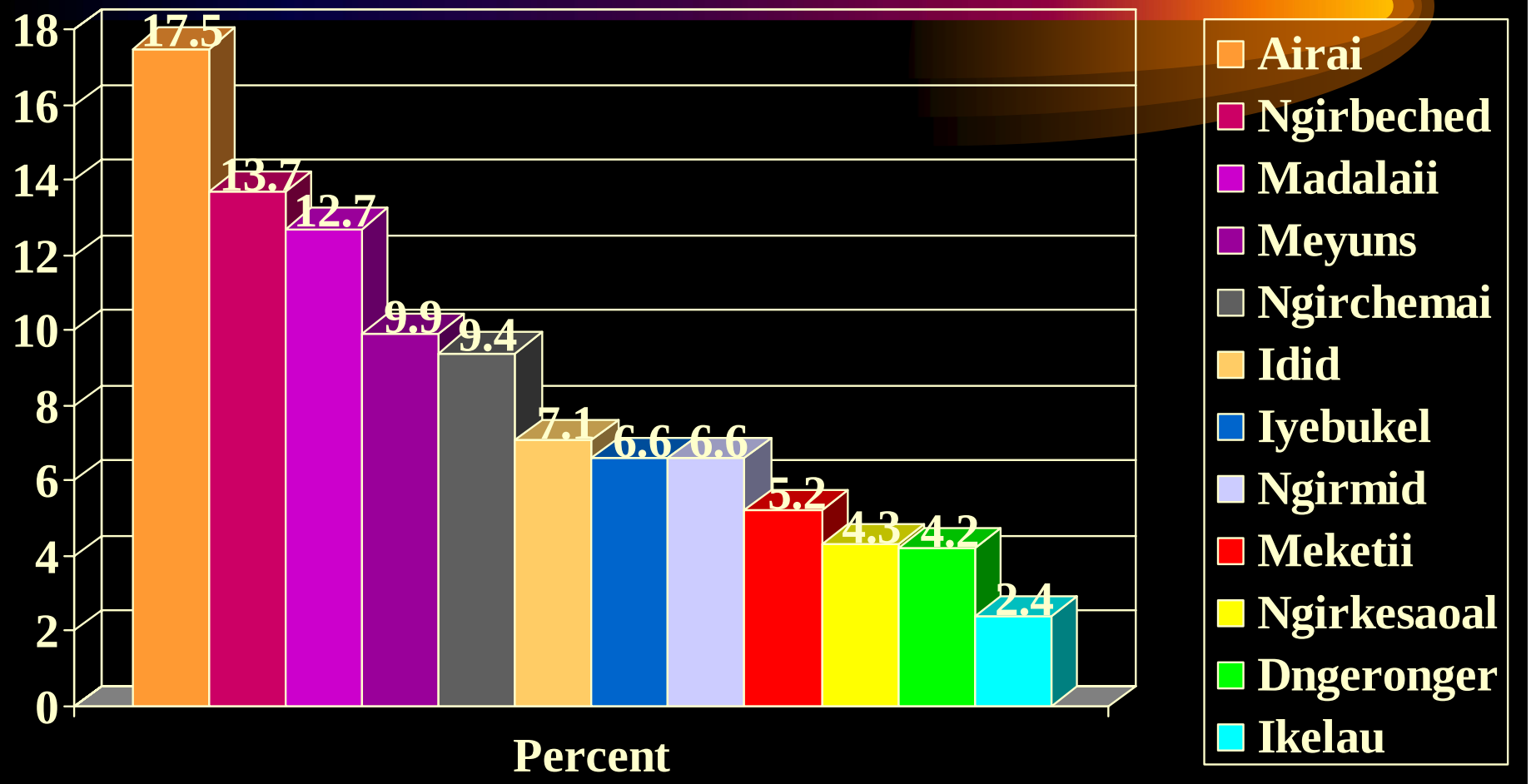
AGE GROUP



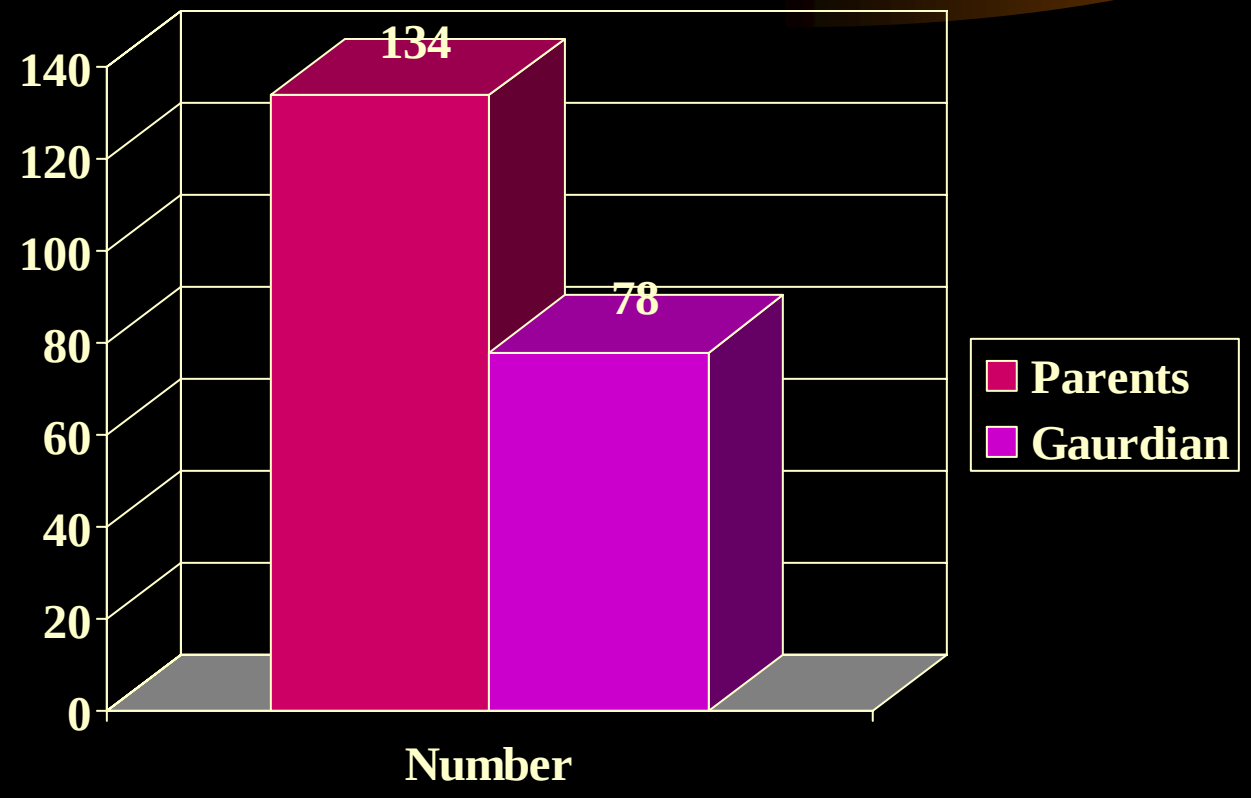
MALE TO FEMALE RATIO



PLACE OF RESIDENCE

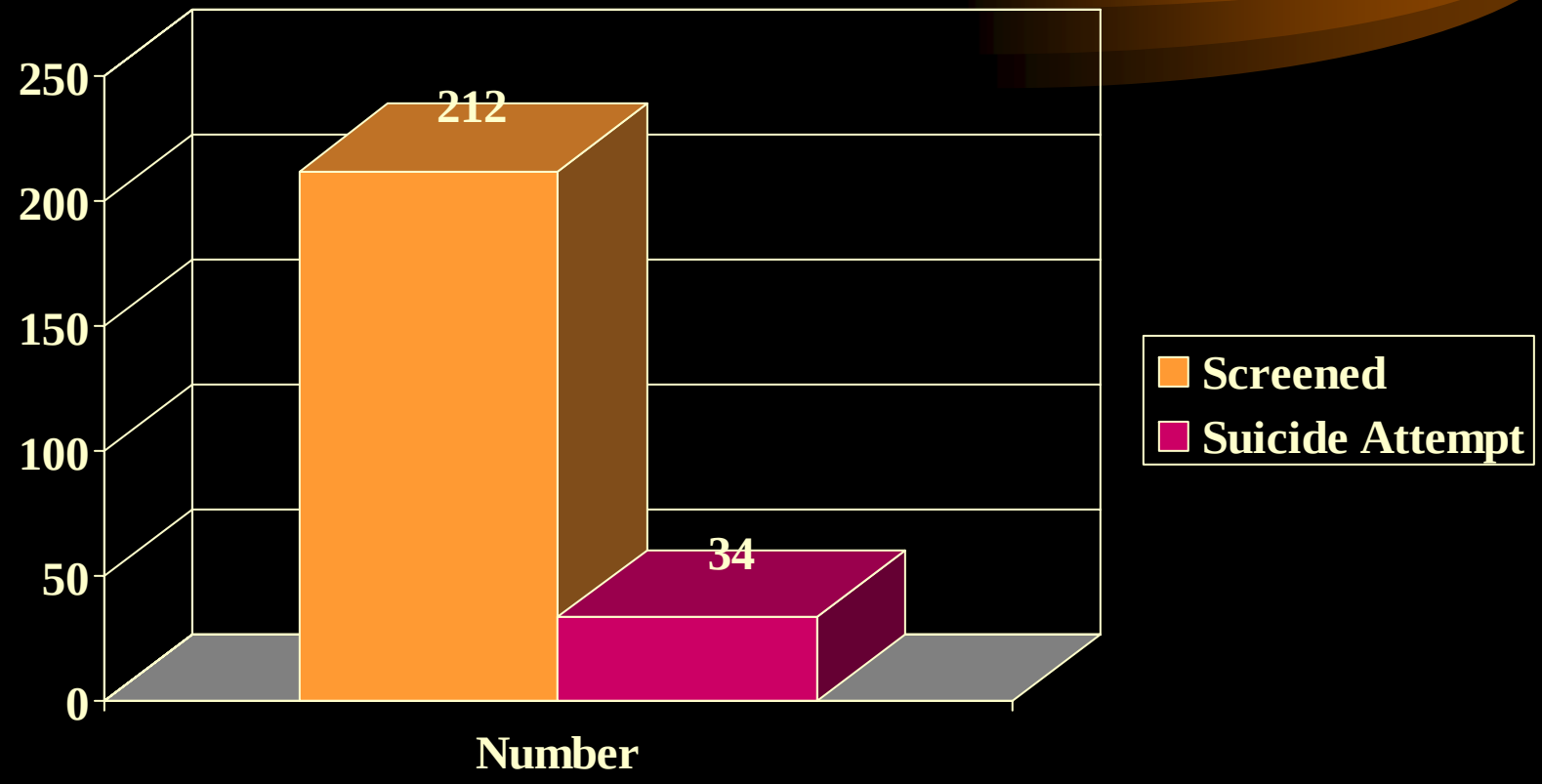


LIVING WITH PARENTS OR GAURDIAN

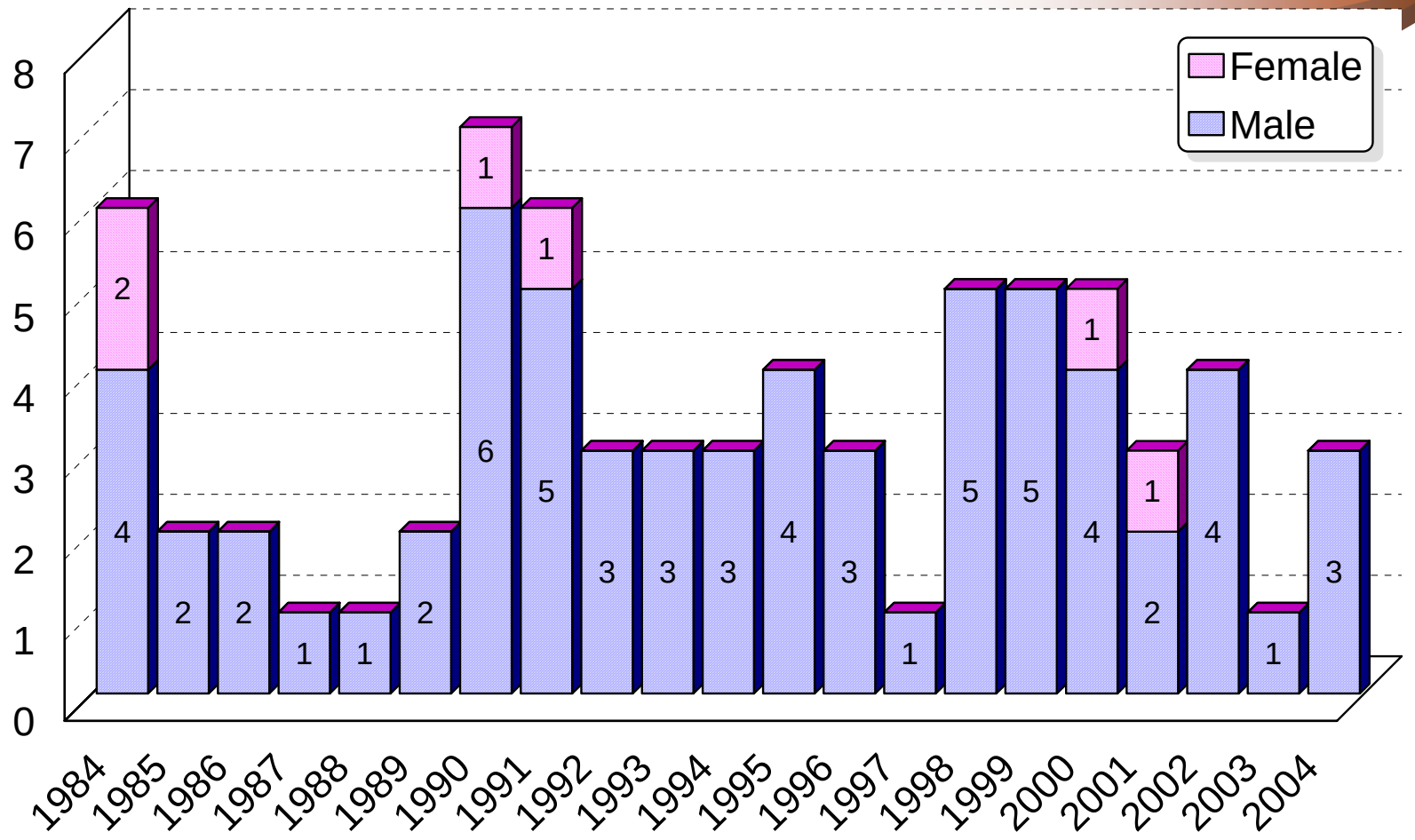


Category	Findings	Total
Medical	Otitis Media	2
	Cholesteotoma	1
	Obesity	28
	Tinea Versicolor/Corporus	10
	Sinusitis	2
	Eczema	5
	Anemia	6
	Tonsilitis	2
	Infected Wound	1
	Urinary Tract Infection	1
	Rhinitis	1
	Cleft Palate	1
	Congenital Disablity	1
	Strabismus	1
	Cardiac Murmur	10
	Hearing Deficit	6
	Visual Deficit	5
	GYN Problem	1
Dental	Cavity/Decay	16
	Trauma	1
Substance Use	Nicotine	108
	Alcohol	14
	Marijuana	21
Behavioral Issues	Misconduct	10
	Life Skill Problems	16
	Family Problem	25
	Depression	13
	Anxiety	2
	Autism	1
Academic	Difficulties	108

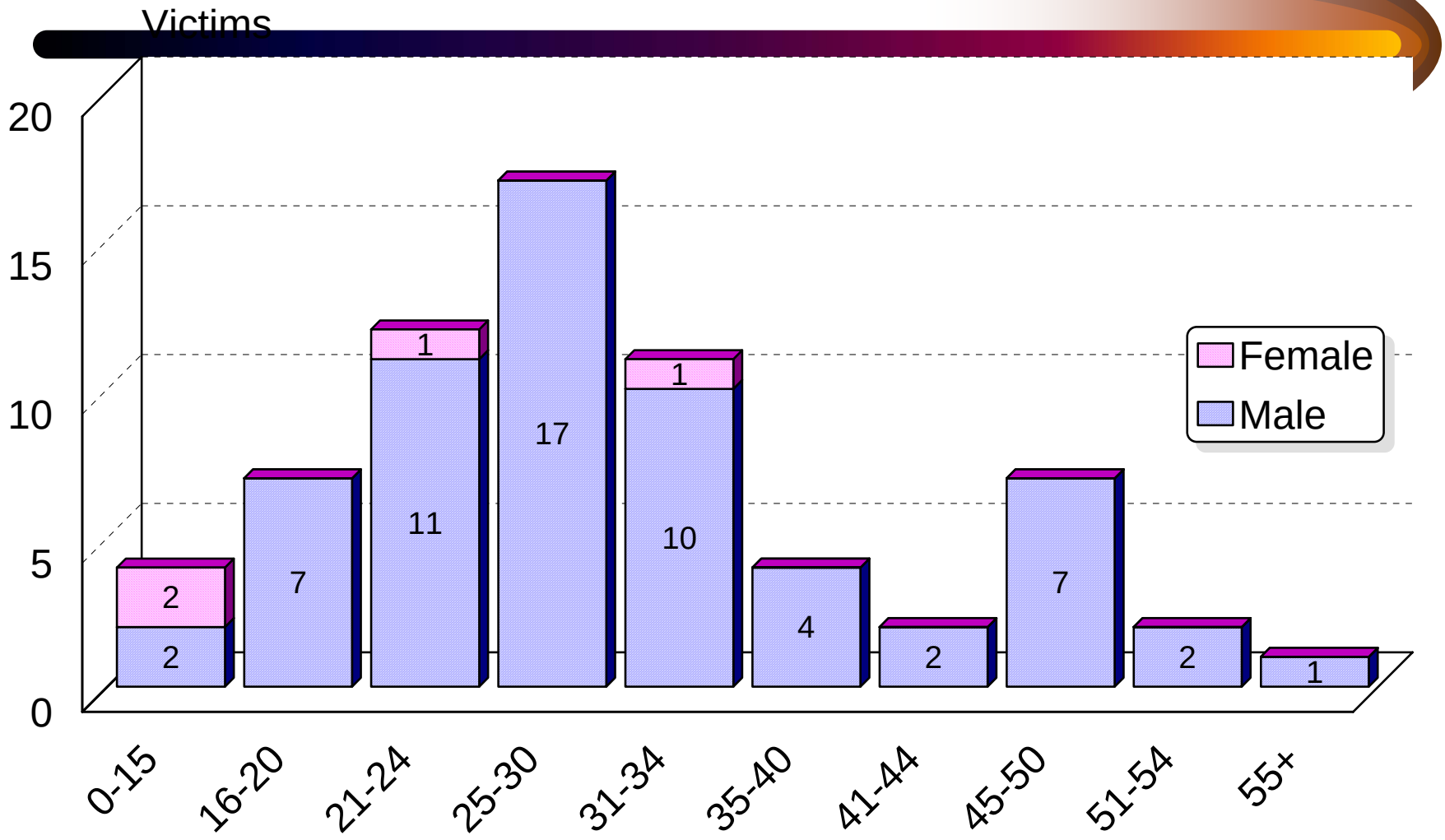
SUICIDE ATTEMPT



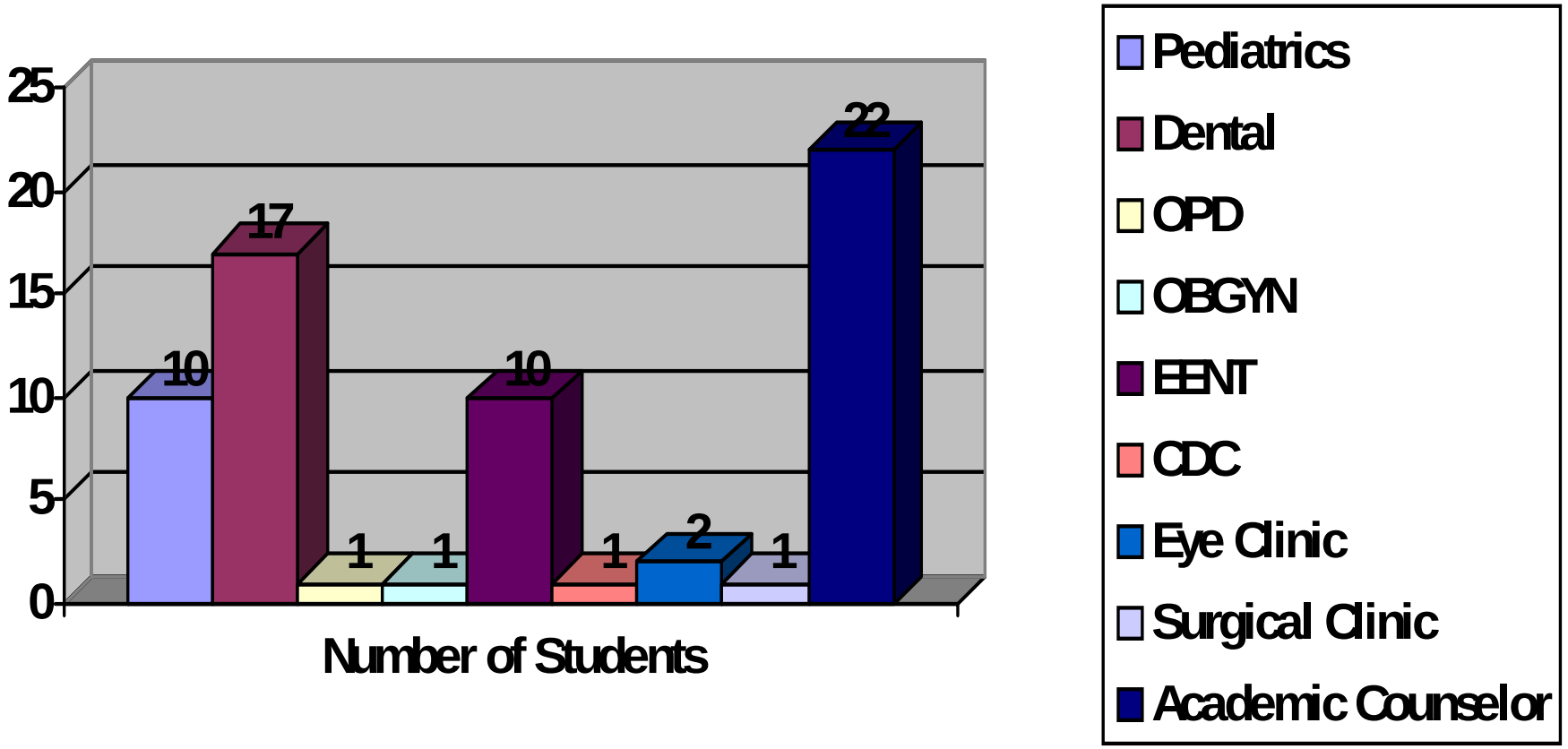
Suicides 1984-2004
Republic of Palau



Suicides by Age Group
Republic of Palau, 1984-2000 + 2004

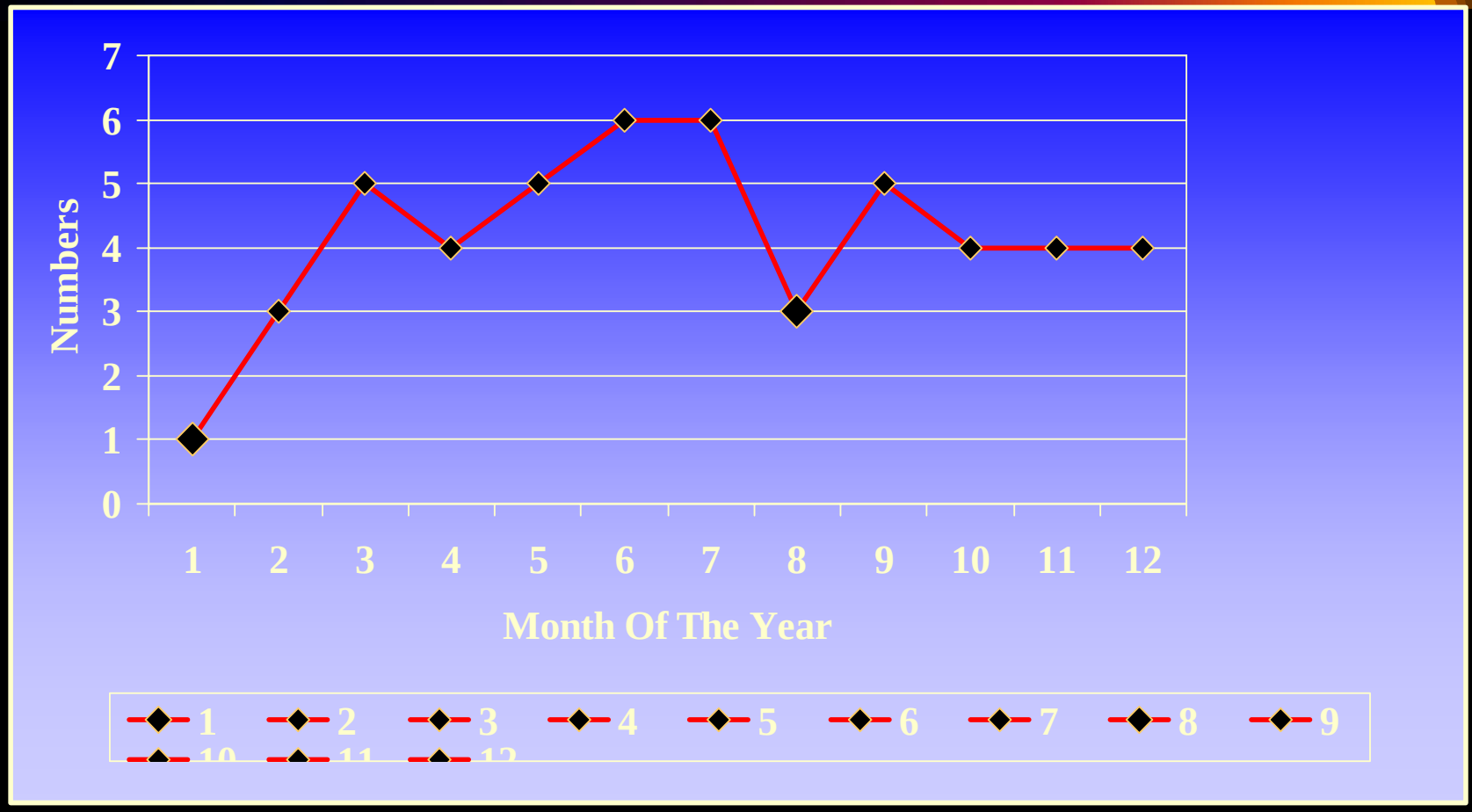


HISTOGRAM 1.5: Type & Number of Referrals

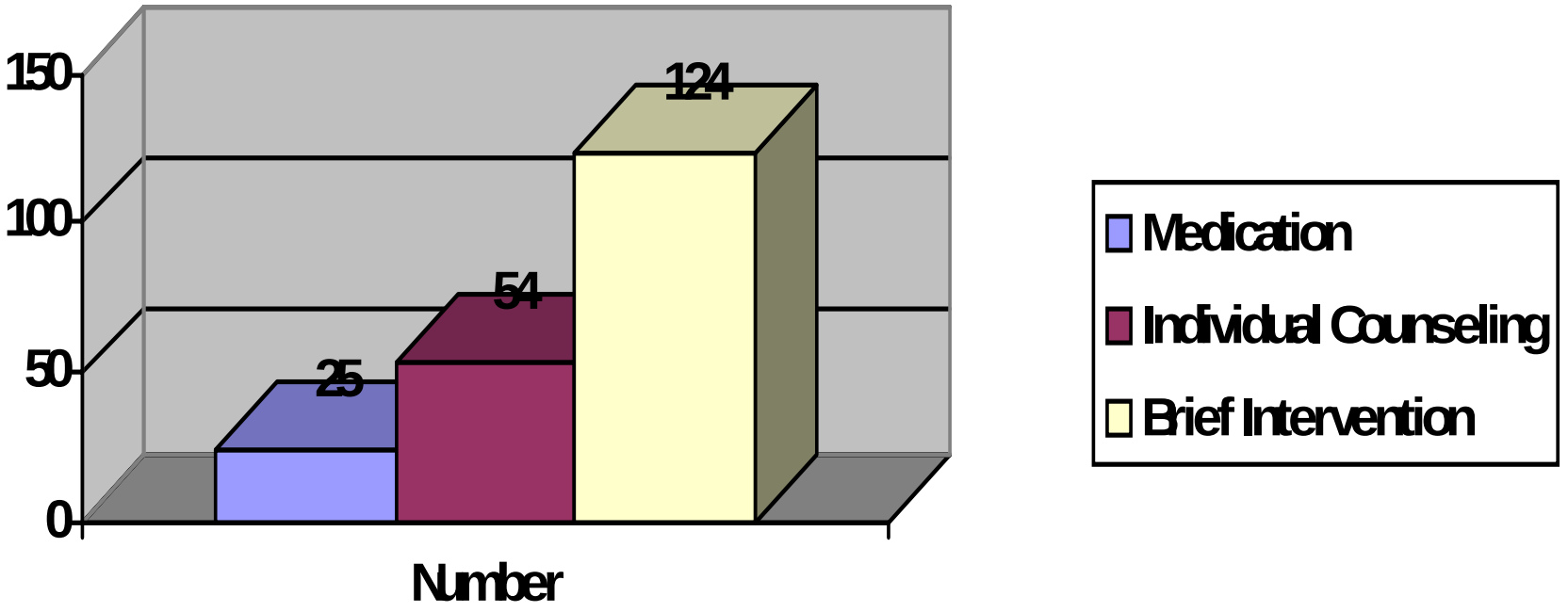


SUICIDE BY MONTHS

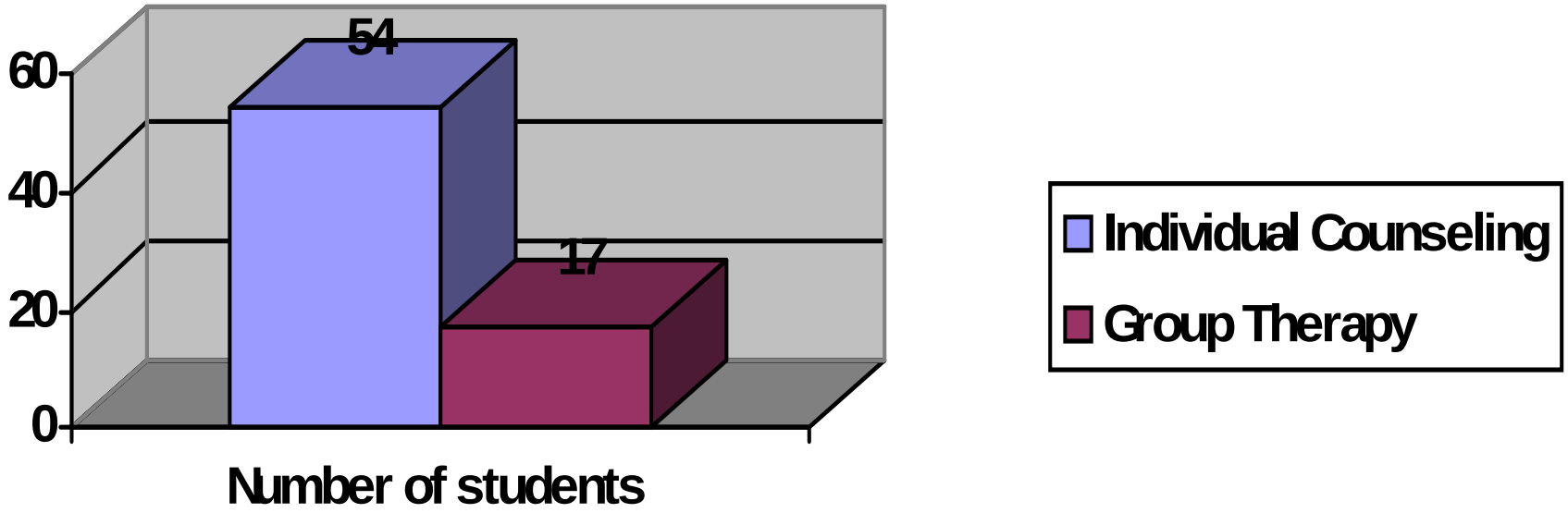
1990 to 2004



HISTOGRAM 1.4: Type of Treatment



HISTOGRAM 1.5: Number of Students Needing Individual Counseling or Group Therapy



PROGRAM INTERVENTION

“COLLABORATIVE”
School Health
Initiative

TEN RULES OF PARENTING

FRANCIS X. HEZEL,SJ

- LOVE/ AFFECTION
- MODEL
- EXPLANATION
- QUALITY TIME
- LEADERSHIP
- REGULAR CONTACT
- PUNISHMENT
- PARTICIPATION
- COMPENSATE FOR LOSS
- PARENTAL LOVE

References:

- Palau Youth Risk Behavioral Survey, CDC
- Palau Suicide Rate, BNH Statistics
- Palau Behavioral Health Division, BNH

ANY QUESTIONS/REFERALS:

- Now????
- Later:
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